

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-E	BALTIMORE.	1
THE REAL PROPERTY.	MATERIA	TO WALL THE WALLE TO THE WALL TO	OI	ALMITHUS A.	JILLI LALIA O'AGAS,	-

7587

8-25-55

CERTIFICATE OF DEATH

07585

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Mary land COUNTY Carrell
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)
TOWN RUVOL-Hear Toylovsville 6/2 years	TOWN Rural - near Taylor sville X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 - New Windsor	STREET (If rural give location) ADDRESS Route 1 - New Windsor
DECEASED.	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH: AUSUS 25 1955
RACE. WIDOWED DIVORCED	28, 1898 9. AGE last birthday IF UNDER 1 YEAR HOURS 24 HRS. Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 23byer  TOB. KIND OF BUSINESS OR INDUSTRY:  Farm	Mary land   11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Reuben Sidwill Baker	Mary Catherine Porter
Was Deceased Ever in U.S. Armed Forces:  Yes, no, or unk.) (If Yes, give war or dates of service)  18. Social Security No.  213 - 24 - 8073	17. INFORMANT & ADDRESS: Ruth Emily Smith Route 1 - New Winds
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ortitis with Decompensation 3 years
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.	
(C)	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact of CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., if Either, NOTIFY MEDICAL EXAMINER)	
TID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Augu	1.1. 1953, to August, 1955, that I last saw the deceased
alive on August 4, 1955, and that death occurred at	7 A. M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
and Culwell	.o. mt. airy, md aug 25, 1955
Burial (SPECIFY) DATE THEREOF NAME OF CEMETE  Burial (SPECIFY) Aug 27-1255- Jaylara	ische Cenn, hylarville maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR ADDRESS MA

BUREAU V. S.

2361 68 **20A** 

BECEINED

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

DATE REC'D BY

LOCAL

Supply every item of information carefully. The

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7588	CERTIFICATE	OF	DEATH
4 2 70	OMITTETOATE	OT	DUALL

1538	CERTIFIC.	ATE	OF DEA	TH Re	g. Dist	t. No.	19	
1. PLACE OF DEATH:			2. USUAL RESID	ENCE (HOME) OF D	ECEASE	D:		
COUNTY Carroll	MARYLAND		STATE Mary	rland county				
CITY (If outside corporate limits, write R OR and give nearest town)  X TOWN Rural - Sykesville	URAL LENGTH OF (in this pl		CITY(If outside	corporate limits, write I		-	nearest	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield S	tate Hospita	1	STREET ADDRESS	(If rural give				1
3. NAME OF (First) DECEASED:	(Middle)	(I	ast)	4. DATE (Month	1) (	(Day)	(Yea	ir)
(Type or Print) Norman	Allen		ANDEL	DEATH: Aug		8	19	55
5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify):	D, DIVORCED,		ber 3, 1891	9. AGE last birthday M			Iours	Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - Colle	OR INDUSTRY:			(State or foreign country	y):  12.	COUNT	N OF	WHAT
13. FATHER'S NAME:	GUOT		14. MOTHER'S M		100			
C			a D					
GeorgeBandel  15. WAR DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY	No.	Sallie Br	& ADDRESS:				
(Yes, no, or unk.) (If Yes, give war or dates unknown)	unknown		Records of	Springfield S	tate	Hosp:	ital	
I DISEASES OR CONDITIONS DIRECTLY	8. MEDICAL CERT LEADING TO DEATH		И				VAL BE	
IMMEDIATE CAUSE	(A) Bronchop	neumo	nia			5	days	
ANTECEDENT CAUSE (S:	OUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) General	pares	is			9:	yrs.	
	(c) Syphilis	SEIT .				?		
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE	THE	s with	n syphilitic	meningo-ence	nha li	Mo:	re th	na n vrs
	FINDINGS OF OPE						AUTO	PSY7
GOOD GOOD GOOD GOOD GOOD GOOD GOOD GOOD						YES		10 P
	B. PLACE (Home, far INJURY street, office			DID (City or town) R?	(Coun	nty)	(Sta	ite)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M.	21E INJURY OCC While Not what work at work	hile	21F. HOW DID	INJURY OCCUR?	1-3			
22. I hereby certify that I attended th	e deceased from	Aug	24, 1948, to Au	g. 7., 1955, tha	t I las	t saw t	he de	ceased
alive on Aug. 7, 1955, and SIGNATURE	Martin Gross	red atl	D. Sylvesyi	he causes and on the	ne date DA	stated TE SIGN	above NED	
23. BURIAL, CREMATION, DATE THEREC			RY OR CHEMATOR	LOCATION (City,	town, o	r county	)	(State)

24. FUNERAL

BUREAU V. E.

9961 OT 50N

BECEINED

#### MARYLAND STATE DEPARTMENT OF HEALTH

7589

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 82-83

M	y. The correct.
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.
VS. A15	PLEASE WRITE PLAINLY, WI

1. PLACE OF DEATH-		2. USUAL RESIDENCE		EASED.	72.2
Callott	MARYLAND	Maryra		CSTTO	
CITY (If outside corporate limits, write RUR OR give nearest town) Sykesvill Town	AL and LENGTH OF STAY (in this place)	CITY (If outside corpo OR TOWN TUTAL	Sykesv		re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS Gi		rive location)	1
3. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print) EMIL		RNES	DEATH	AUG.	23 155
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) In STITE CO.	9-11-1881	9. AGE last birt	hday   If under Months.	1 year   If under 24 hrs Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Tarmer retired)		Maryland	or foreign country)	12	CITIZEN OF WHAT
13. FATHER'S NAME  John T.	Barnes	Caroline			
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If year, give war or dates pervice)	of 213-18-8760	17. INFORMANT AND Mrs. Gertie		Sykesy	ille.Md.
I, DISEASES OR CONDITIONS DIRECTLY  33 / X  Immediate cause (a)	LEADING TO DEATH	RETIFICATION	hge		INTERVAL BETWEEN ONSET AND DEATH 2 Trues
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause	rterios	chler	rolis		5016 yrs
stating the underlying cause last					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	th.				4 00 00 00 00 000 000 000 000 000 000 0
19a. DATE OF OPERATION   19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
					Yes   No
21. ACCIDENT (Specify) PLA OF HOMICIDE	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED   While at   Not While   Work   At work	HOW DID INJURY OF	CCUR?		•
22. I hereby certify that I attended th					aw the deceased
alive on 2.2, 1955, ar SIGNATURE	nd that death occurred at	ADDRESS from the	e causes and or	the date st	ated above.  PATE SIGNED
9 to esolver.	zeus hun.	Cocol	mund	Her	123/55
23. BURIAL, CREMATION DATE REMOVAL (Specify) 8-26-19	NAME OF GEMETE Bethesda		Carroll		
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE +	24. FUNERAL DIRECT	OR	eld. Ma	ADDRESS

SECENED SO THE S

BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 75	58	5	1	1	9	6	-	1	5		5	1	)		4	7	7	7		)	)																									)				)						(	(	(	(	(	(		1					(	(	1							1	1		1	1	1	-	1		(	1	(	ĺ	1	-				3	8	8	18	1	]	,	,	,	,	,	,	19	19	1,	i,	i,	i,	,	,	1,	,	,	,	,	,	9	,	19	19	19	19	,	,	9	,	,	,	,	9	,	,	,	,	,	,	,	,	9	,	9	,
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590	CERTIFICATE	OF	DEATH
000			

Reg. Dist. No.

1 1			
X	Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D: /
death clearly and legibly	COUNTY Carroll MARYLAND	STATE Maryland COUNTY Balti	more City
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
nd	OR and give nearest town) (in this place)  X TOWN Sykesville 1 y 11 m 13 c	OR TOWN Baltimore 13	VOLU
2	HOSPITAL OR	STREET (If rural give location)	4 C) 1 Cds
arl	INSTITUTION OR	ADDRESS	1
cle	Springiledo State Hospital	1719 N. Port Street	
th	DECEASED:	OF	Day) (Year)
ea	(Type or Print) Mary C. Burt		
of d	RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER ! 1	Days Hours   Min.
		16 - 70 85 yrs.	
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
cal	even if retired): housewife	Maryland U	.S.A.
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	The second second
write the	William S. Arnold	Anna V. Younger	
rit	18. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no or unk.) (If Yes, give war or dates of service)	Hospital Records	
please	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
200	1422, 1	rrhage	days
an	DUE TO		
sici	DISEASES OR CONDITIONS, IF ANY. (B) Arteriosclero	tic cardiovascular disease	vears
Physicians	GIVING RISE TO THE ABOVE CAUSE DUE TO		3 0 0 0 0
	stating underlying cause last.  (c) Generalized	Antenios Carosia	vears
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chr. brain	n erndr see with conile brain d	ie
rts			
odı	DISEASE OR CONDITION CAUSING DEATH With DEVCh. TO	actions	years
in			20. AUTOPSY?
ly.		1	ا ل ا
especially	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	lory. 21c. WHERE DID (City or town) (Counetc. INJURY OCCUR?	(State)
ds	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY  M. at work at work		
50	22. I hereby certify that I attended the deceased from .7- 1	8 19 EE to 8 27 19 EE that I last	saw the deceased
age			
	alive on 8 27 - , 1985, and that death occurred at	ADDRESS DA	stated above. TE SIGNED
correct	(dreatered durally a	.D. Springfield State Hospital	
cor	23. BURIAL. ENMAPON HUST HATSEREOF NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or	r county) (State)
	Burial Aug. 31, 1955 Foster Ceme		
	DATE REC'D BY LOCAL   REGISTRAP'S SIGNATURE	tery Hereford, Maryl	ADDRESS
	REGISTRAR	Triber & B. Of	md.
	I I I WE THEN UNE	11. J. Murener Hone pallo.	rea.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07589

7501 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1001				
I. PLACE OF DEATH:		2. USUAL RESIDI	ENCE (HOME) OF DECEA	SED:
COUNTY Carroll	MARYLAND	STATE Maj	ryland	COUNTY
CITY (If outside corporate limits, write		CITY (If outside	de corporate limits, write RI	URAL and give nearest town)
OR and give nearest town)	(in this place)	OR TOWN Do	ltimore	3401-4
HOSPITAL OR	30 Days	STREET	(If rural give	
3 STREET ADDRESS Henryton,	Maryland	ADDRESS	3006 Harlem Av	enue 🗸
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Walter		aulk	DEATH: 8	4 19 55
RACE: WIDO	WED, DIVORCED,	of birtii: 17–1896		nths Days Hours Min.
Male Negro (Special Color of Special Color of	100. VIND OF BOSINESS OF	R   11. BIRTHPLACE	(State or foreign country	: 12. CITIZEN OF WHAT
work done during most of working life,	INDUSTRY:		more, Maryland	U. S.
13. FATHER'S NAME:	Janitor	14. MOTHER'S MAI	DEN NAME:	0. 5.
Ellis Hall  15 Was Decrased Ever In U.S. Armed Forces?	I to Comm. Comment No. 17	Unka	nown	
(Yes, no, or unk.)   (If Yes, give war or dates of	16. SOCIAL SECURITY NO.: 17.			
Yes service) I		Carrie Johns	son, 3006 Harlem	Avenue
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	o) TO			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing	not			
In DATE OF OPERATION: 19b. MAJOI				20. AUTOPSY ?
				Yes No No
2I. ACCIDENT (Specify) PLA OF INJU	CE (Home, farm, factory, street office bldg., etc.) JRY	(CITY OR TOW	VN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED   While at Not While   Work   At Work	HOW DID INJUR	RY OCCUR?	
22. I hereby certify that I attended t	he deceased from7-5-	,19.55, to	8-4-, 19.55., that	I last saw the deceased
alive on8-4-, 19 55, and SIGNATURE	that death occurred at(Degree or title)	6:05 a.m., from	m the causes and on th	e date stated above.
TETPALI.				
23. BURIAL, CREMATION, DATE THERE	NAME OF CEMETE	RY OR CREMATORY	ton, Maryland LOCATION (City, tow	vn, or county) (State)
DATE REC'D BY LOCAL REGISTRAR' REGISTRAR 8 . C'C	S SIGNATURE	24. HUNERAL DIR	ECTOR Wilson 10-41	Buntley WY
0=/1=77   (((()))	VII. Awanthans	D November 1	1 11 20 10	

VS. A15

BUREAU V. S.

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UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY, WITH

Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07590

7592 CERTIFICATE OF DEATH

Reg.	Dist.	No.	74
			/ /

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Carroll MARYLAND	stateMaryland county Mon	tgomery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this piace)	CITY(If outside corporate limits, write RURAL OR	
X TOWNRural - Sykesville 5 Mos. B day	S TOWN Silver Spring	15-56-2
HOSPITAL OR	STREET (If rural give location)	
Street Address Springfield State Hospital	10403 Huntley Avenue	1
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (	Day) (Year)
DECEASED: (Type or Print) William Henry	CONWELL OF DEATH: 8	18 19 ۲۲
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married 1/1/	78 9. AGE last birthday Frunder 1	YEAR   IF UNDER 24 HRS. Days   Hours   Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired);	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Conwell	Sarah Allgood Conwell	
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates Unk.)	Record, Springfield State Hos	pital
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
		ONSET AND DEATH
1420.0 IMMEDIATE CAUSE (A) Arterioscler	rotic heart disease	vears
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. (B) Bronchopne	e umoni a	5 days
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	S GOLDAND CO.	Jays
(c)		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CETEBRAL ATT	Brain Syndrome associated with eriosclerosis. With psychosis	2 years?
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDERLYING   21a. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (Coun, etc. INJURY OCCUR?	ty) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/13	3, 19.55 to 8/18., 19.55 that I las	t saw the deceased
alive on8/18. , 1955, and that death occurred at	19:30PM, from the causes and on the date	stated above
LANGUATURE / LANGUAGE PULL	ADDRESS DA	TE SIGNED
	PERY OR CREMATORY   LOCATION (City, town, o	r county) (State)
TREMOVAL (SPECIFY)	neoln Colman ma	1 1 1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS IN

BUREAU V. S.

OF THE RESIDENCE OF CHANGE IN THE PARTY OF T

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BECEINED

#### MARYLAND STATE DEPARTMENT OF HEALTH

7593

2411 N. Charles Street, Baltimore

C.O. Fuss & Son, Taneytown, Maryland

		CERTIFICAT	TE OF DEAT	TH Reg. 1	Dist. No	70	)
1. PLACE OF DEAT	H+		( 2. USUAL RESIDENCE	(HOME) OF DECEASE	D.		
COUNTY		MARYLAND	STATE		COUNTY		
CITY (If outside	rroll corporate limits, write RUR.	AL and   LENGTH OF STAY	CITY (If outside corpo	orate limits, write RURA	Carrol	learest tow	n)
/ OR glve neares		(in this place)	OR TOWN Tanevto		a made givo a	×	117
HOSPITAL OR		TITEOTHE	STREET	(If rural, give loc	tation)		
INSTITUTION OF STREET ADDRESS	ESS		ADDRESS		,	/	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mo	nth) (	Day)	(Year)
(Type or Print)	Jennie	K.	Copenhaver	DEATH Augu	st 21.	1955	19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last hirthday	If under I y	ear   If und	er 24 hrs.
F	W	(Specify) Married	12/20/1872	82 yrs.	Months D	ays Hour	Min.
10a. USUAL OCCUI	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State	or foreign country)	12. (	CITIZEN OF	WHAT
House	wife	Own Home	Maryland		Cot	UNTEY!	Α.
13. FATHER'S NAM	ME		Maryland				
	Jacob Haifley		Clarissa St	onesifer			
15. WAS DECRASED E	EVER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown)	(If yes, give war or dates of service)	none	William M. Cop	enhaver, Tane	ytown.	Md.	
		18. MEDICAL CE					
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			I	NTERVAL B	DEATH
426			17.		4	THOMA MIND	DAMIG
Immedia	te cause (a)	Shronic myoc	avolilis - h	mocardia	1	10 m	0
14 4 1	A	egeneration.		0			
	ent cause(s) conditions, if any, (b)(	agrenaline of A	Interio rela	iosis		10m	us.
giving rise t				5. 4. 6. 6. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	***************	0	
stating the	underlying cause last	0 0 0	inio selena	,		10	
11 OTHER SIGNIE	ICANT CONDITIONS	eneral and	moscura	sis .		10 9	-
Conditions contrib	ase or condition causing deat	n. Debility, S	anile				
19a. DATE OF OPE	ERATION 19b. MAJOR I	INDINGS OF OPERATION			2	20. AUTOF	PSY?
noul						Yes 🗆	No P
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (CO	OUNTY)	(STAT	E)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCUR?			
OF INJURY	m,	While at Not While Work At work					
11430141	1116	TOTAL MOTE					
22. I hereby cert	tify that I attended the	e deceased from 2 - 5	, 1946, to 8-21	, 19.5.5, that	I last saw	the dec	eased
9	20 1005						
alive on A	, 19.55, an	d that death occurred at (Degree or title)	ADDRESS from the	e causes and on the	date state	d above.	GNED
c N D	1. 28	2100 1-	ney Town.	20	5	-24-	c -
23. BURIAL, CREM	LATION I DATE THERE	OF   NAME OF CEMETE		LOCATION (City, town			tate)
REMOVAL (Spe	offu)						um (e)
Buria	I AUP - Zu al	955 United Bret	neran Cemetery	Taney Lown, M	aryran	1	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



(I)

VS. A15-10-53

MARGIN RESERVED FOR BINDING



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The .....ially important. Physinians: please write the causes of don'th alegaly and loaitle

000:	G OI BIJIIII Reg. Dist	. 110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY CARROLL MARYLAND	STATE MAYMAMM COUNTY GAY	rett-
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	and give nearest town)
OR and give nearest town)  TOWN Sy Kesvill Mort ham 474	TOWN not known	1/X-2
HOSPITAL OR INSTITUTION OR CARRAGE INSTITUTION OR	STREET (If rural give location)	
14 STREET ADDRESS JAMES JAMES FALL	I not known	V
3. NAME OF First) (Middle)  DECEASED: (Type or Print)	OF DEATH: 8	3/ (Year) 1955
5. SEX:   © COLOR OR   7. SINGLE, MARRIED, RACE; WIDOWED, DIVORCED, Specify): Jungle   8. DATE	2 1889 9. AGE last birthday Months D	PEAR   1F UNDER 24 HRS.   Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12.  Saruh Comby M. M.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	-7 0,77
Thomas Davis	Catherine Bray.	
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: HOSPS Fal records.	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) ONTO	mojonensusus q	2 days
DUE TO		1
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C) /- //	of war dating will melastice	mknou
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	jot at order with poychos	471+
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N /	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, No FIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Coun , etc. INJURY OCCUR?	ty) (State)
OF INJURY OCCURRED M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereb certify that I attended the deceased from July	1-1, 19 50 to 119:3, 19 54 that I last	saw the deceased
alive on Angus + 3/, 19 55, and that death occurred at	7 PM, from the causes and on the date	stated above.
Walther of Johnselfells M	1. D. Springfuld fall maps	fel 1/1/55
REMOVAL (SPECIFY)	ERY OF CREMATORY LOCATION (City, town, or	
	EDICAL SCHOOL 29 S GREEN	
DATE BEC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

BUREAU Y. E.

Physicians: please

is especially important.

PLEASE WRITE PLAINLY, WITH

write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()7592

7594	CERTIFICATI	E OF DEA	ATH Reg. Dist	. No. 74
I. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEASED:	172
COUNTY Carroll	MARYLAND	STATE Ma	ryland cour	NTV
CITY (If outside corporate limits, wri			de corporate limits, write RURAL a	
OR and give nearest town)	(in this place)	OR		3V01-4
Henryton Hospital or	1121 Days	STREET	Ltimore (If rural give location	
INSTITUTION OR	24 2 2	ADDRESS	,	/
Henryton	, Maryland	16.	34 N. Smallwood Stre	et V
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month) (Da	
(Type or Print) Susie	Rebecca	Dawson	DEATH: 8 2.	
RACE: WII	OOWED, DIVORCED,	of Birth: 4-1885	9. AGE last birthday: If UNDER I ! Months D	
10a. USUAL OCCUPATION. Give kind of	10b. KIND OF BUSINESS OF	R   II. BIRTHPLACE	(State or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life, even if retired): Domestic	Private Home		ster, Virginia	U. S.
13. FATHER'S NAME:	111vace nome	14. MOTHER'S MAI		0. 0.
			Elizabeth Thornton	
Edgar Smith  15 WAS DECEASED EVER IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY No.:   17.	INFORMANT & AT		11
(Yes, no, or unk.) (If Yes, give war or dates	of		son - 1634 N. Smallw	ood Street
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause	(a) Tuberculosis of (b)	the thoracic	Spine	Onset And Death
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death bu related to the disease or condition causi	t not			
The same of the sa	OR FINDINGS OF OPERATION			20. AUTOPSY ?
				Yes No No
SUICIDE	ACE (Home, farm, factory, street office bldg., etc.)	(CITY OR TOW	VN) (COUNTY) (	STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While	HOW DID INJUR	Y OCCUR ?	
22. I hereby certify that I attended		= 1955 to	8-21- 19 55 that I last	saw the deceased
alive on8-21- 1955, an	d that death occurred at 9.	:15 a.m., from	m the causes and on the date DRESS D	stated above.
23. BURIAL, CREMATION, DATE THE REMOVAL (Specify)			Maryland LOCATION (City, town, or co	
Buriel 0-25-5	Family Family	Lot 24. FUNERAL DIRI	Whitestone, Vir	ginia ADDRESS
REGISTRAR 8 21 - CC	. 0 / //	Ol an I	1 1 1631 g	/ It M. and



Interval Between

Onset And Death

20. AUTOPSY ? Yes No No

(STATE)

DATE SIGNED

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(If rural give location)

(Day) (Year)

9. AGE last birthday: If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours

11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT COUNTRY?

# BUREAU V. S.

S361 18 50A

BECEINED

### 7596

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

07594

4

	Reg. Dist. No.	
1. PLACE OF DEATH-COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and OR give angreat town)  OR give angreat town  TOWN  MARYLAND  MARYLAND  (in this place)	CITY (II outside corporata limits, write RURAL and give	a nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS P. J. J. rural, give location)	Gm2)
3. NAME OF (First) (Middle)  (Type or Print)	Luis S. 4. DATE (Month) OF DEATH ULL OF	(Day) (Year) 2 / 19 J
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	(Cer 10-1990) 14 yrs.	Days   Hours   Min.
Ioa. USUAL OCCUPATION (Give kind of work done during most of working dife, even if retired)  INDUSTRY	Thronger (	CITIZEN OF WHAT
13. FATHER'S NAME Star J. Occh	Elizabeth m. Hil	Pker
15. WAS DECEASED FOR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no. or unknown) (If yes. give war or dates of service)	John L. Oubs Hamfil	Enf med &
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Antecedent cause(s)  Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
94 DVMHDAVAL GAVIOR W.		Yes No D
21. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING OF Office hide, etc.) CAUSE OF DEATH.	(EITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) NJURY OCCURRED While at Not while INJURY OCCURRED work at work	Drowned Drowned	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes accident suicide homicide signature.  SIGNATURE  Degree or title)	ased died on the day stated above, and death in my	from the evidence opinion resulted  DATE SIGNED
Bureal 8/24/55 Jazarn Me	RY OR GREMATORY   LOCATION (City, town, or count	y) (State)
BUG. 27/00 Mes. H. R. Sterrer	24. EUNERAL DIRECTOR TO Seefeld Plon. Fle	ADDRESS Po
0	Hasifle	

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK-Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OBANA SEL

BUGNO

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7597 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	0
COUNTY CANOCL MARYLAND	STATE MANAGED COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL an	d give nearest town)
TOWN PAN All MANAGES (in this place)	TOWN WINDER LUSTINGE	To X
HOSPITAL OR DAMERY ROLL	STREET (If rural give location)	1
90 STREET ADDRESS MIMILAT Brinders house	ADDRESS Shame millo	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	) (Year)
DECEASED: (Type or Print) ROBERT FR	ANKLIN OF DEATH: CAMP &	19.5
5. SEX:   S. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH:   9. AGE last birthday: MUNDER LYE	CAR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED, (Specify):	yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY:	R   11. BIRTHPLACE (State or foreign country):  12. C	ITIZEN OF WHAT
even if reffred):	Carrella ma.	OUNTRY?
13. FATHER'S RAME:	14. MOTHER'S MAIDEN NAME:	0.4.
Charles Frankle	Mary Winder	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS:	1 - 1
(Yes, no, or unk.) (If Yes, give war or dates of service)	proper of Klaine Wolmers	In ma.
18. MEDICAL CERTIFICATI	ON /	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
434.2 Myorardelis	( Oliv )	
Immediate cause  DUE TO  DUE TO	(eliv-	
Antecedent causes (s) Diseases or conditions, if any,	Ishme	1090.
giving rise to the above cause stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home farm factory street	(CONTROL OF BOWN)	Yes No 2
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED	HOW DID INJURY OCCUR?	
OF   While at Not While INJURY   m.   Work   At Work		
22. I hereby certify that I attended the deceased from	7,1975, to ling 4, 1950, that I last	saw the deceased
alive on 3, 1953, and that death occurred at	from the causes and on the date s	stated above.
SIGNATURE (Degree or title)	ADDRESS	TE SIGNED
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF COMETE	RY ON CREMATORY   LOCATION (City, toyn, or so	inty) (State)
REMOVAL (Specify)	RY ON OREMATORY LOCATION (City, town, or cot	man Vo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR Hant Mall	75-miles by histories	lu mo
	+ U 11111VW 11 11111111111111111111111111	

BUREAU V. ANG S PUT

Harry I Resem , West mounter Press

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The later Francisco Praces Paters

MARYLAND STATE DEPARTMENT	FOR HEALTH BALTIMODE 19 (	7506
· MEGO	· · · · · · · · · · · · · · · · · · ·	1330
7598 CERTIFICATE	OF DEATH Reg. Dist.	No26
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CAMPALAND MARYLAND	STATE Manufaced COUNT	ferrale
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and	give nearest town)
X TOWN Kural westernet 18 mes.	TOWN Kural, Westman	Z X
HOSPITAL OR INSTITUTION OR STREET ADDRESS ( P B 44 P)	STREET (If rural give Tocation)	
STREET ADDRESS 2 68 Pults · Blod.	368 Billio - Block	
3. NAME OF DECEASED: (First) WATHAN WARNER CIT. (Type or Print)	(Last) 4. DATE (Month) (Day) OF DEATH: Question 3/	(Year)
5. SEX: S. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): (Specify):	P BIRTH: 9. AGE iast birthday: W UNDER 1 YE	
10a. USUAL OCCUPATION. Give kind of 105. KIND OF BUSINESS OR work done during most of working life, INDUSTRY:	11. DIRTHPLACE (State or foreign country): 12. Co	TIZEN OF WHAT
3. FATHER'S NAME INGINEER SYNGHA Corp	Arston Mass	1.5.9
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15 WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.: 17. 1	INFORMANT & ADDRESS:	_
(Yes, no, or unk.) (If Yes, give war or dates of old -05-1493	on Sattles W. Hellett. Western	J. Zel
18. MEDICAL CERTIFICATIO	N	Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	and the last	Office And Beath
Immediate cause (a) OLL	ary - mouvases	1446
Antecedent causes (s)	upschraus on sel	1117
giving rise to the above cause stating the underlying cause last. DUE TO	ory the way	Rob
(c) artura.	Schroses + Hypertenson	10420.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death,		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (ST	Yes No
SUICIDE OF office bldg., etc.)	(0311 030 10 (03)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	
22. Inhereby certify that I attended the deceased from Is	,1955 to aug 31 , 1955, that I last s	aw the deceased
alive on Sept 1, 19 5, and that death occurred at 1/6	o P 11 from the causes and on the date si	tated above.
SIGNATURE (Degree or title)	ANDRESS DATE	E SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF COMETER	FOR CREMATORY LOCATION (City, town, or count	nty) (State)
Danglin Ald , S, SI Arlan	Park Pallmine	ADDRESS
REGISTRAR	4. FUNERAL DIRECTOR (MESTRE)	ent Mes

BUREAU V. S.
SEP 6 1965
SEP 7 SEP 8

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1

7599 CERTIFICATE OF DEATH

Reg. Dist. No.....

	****	10
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Maruland COU	NTVPORTABLE
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside terporate limits, write RURAL	
TOWN   west west with the place)	TOWN Westminster P. D.	3 4
HOSPITAL OR	STREET (If rural give location	n) /
INSTITUTION OR STREET ADDRESS Madow view Convalsant home	ADDRESS	,
	(Last) 4. DATE (Month) (Da	y) (Year)
3. NAME OF DECEASED: //ARY MARGAIRET (Middle)	1 PFFN 4. DATE (Month) (Day of DEATH: Quelue)	9 1955
5. SEX:   S. COLOR OR   7. SINGLE, MARRIED.   8. DATE	OF BIRTH: 9. AGE last birthday of F UNDER 1	
RACE: WIDOWED, DIVORCED,	141 18 70 85 yrs. Months I	Days Hours Min.
10a. USUAL OCCUPATION Give kind of   10b. KIND OF BUSINESS OF	R   II. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life, even if retired):	10.00	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1. S. A.
below 12 loc	marie Ohita	
15 WAS DECEASED EVER IN U.S. ARMED FORCES   16. SOCIAL SECURITY No.:   17	INFORMANT & ADDRESS:	- On '
(Yes, no, or unk.) (If Yes, give war or dates of service)	lerman Faren West	To Mand
IS. MEDICAL CERTIFICAT	ion guerr warming	my mas
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between
421.4	The last	1.5 Ma
Immediate cause (a)		Jona
Antecedent causes(s)	Coronary.	3910
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	water school	5620
stating the underlying cause last. DUE TO	y regst disease	1040
11. OTHER SIGNIFICANT CONDITIONS	mulijare	10920
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
2I. ACCIDENT (Specify) SUICIDE (Specify) HOMICIDE (Specify) SUICIDE (Home, farm, factory, street office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At Work	NOW DID INJUNI OCCUR.	
22. Igheraby certify that I attended the deceased from	1.1949, to angust 2919 55, that I last	saw the deceased
clard a God on	n i la con 1	
alive on	3. 3 from the causes and on the date	ATE SIGNED
reflerence beecher and	Westminster 1	1 8/31/55
22 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or	bunty) (State)
William WW. 1, 1933 Wishmins	les Gemelong Church St. Win	Immen /2
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS
9-1-55 Hamil Mully	127 Jankerra Y x on Wishminste	r Ind.

RIBERU V. S.

SEP 2 1955

DECENTED

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07598

76 0 CERTIFICATE OF DEATH

,	Dist.	U	17:14	00
Reg.	Dist.	No.	Sol	-0-

	Tog. Dist. No. e.e	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE MARYANG COUNTY PRADIL	•
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest	town
OR and give nearest toyen? (in this place)	OR	UO W II
X TOWN Just Mary - 1748911 48485	TOWN ( TURA! - MT, /y)RY	X
HOSPITAL OR	STREET (If rural give location)	1
INSTITUTION OR	ADDRESS MEAR - WOOD DINE	
/ 9	00004.75777	
41.	(Last) 4. DATE (Month) (Day) (Year)	)
(Type or Print) JOHN MAURICE H	ESS OF DEATH: Amy 7 193	55
S. SEX:   6. COLOR OR   7. SINGLE, MARRIED   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24	_
m RACE: WIDOWED, DIVORCED, Feb &	4 4	Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF V	VHA
work done during most of working life, even if retired):	Tanevian Marylan COUNTRY?	
Tarming Owner	Tarrey lown, Maryland Ameri	00
3. FATHER'S NAME:	MOTHER'S MAIDEN NAME:	
Samuel trancis Hess	Priscilla Kebecan Buche	11
S. WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	1
Ves no or unk) (If Yes give war or dates	14. D 1 m 4/	
of service) NONE	MRS. DAISY 11. NESS, Same	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  (B)  DUE TO	ing, Cardian arant	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V.	
ISS. DATE OF C. ERATION	20. AUTOF	
	YES NO	
21a. ACCIDENT WAS UNDERLYING   21a. PLACE (Home, farm, fact OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)	cory, 21c. WHERE DID (City or town) (County) (State etc. INJURY OCCUR?	e)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While at work at work		
M.   at work   at work		
22. I hereby certify that I attended the deceased from a free	, 1995, to 1995, that I last saw the dece	ase
7 /	9:30 PM, from the causes and on the date stated above.	
alive on, 19.2.3, and that death occurred at	ADDRESS DATE SIGNED	
2/ 1/2/2/2/	Mal -11. De De De	0
	.D. Symmell, sid. 1 mig	00
		State
REMOVAL, (SPECIFY) 8-11-1955 MT. 01	ivet Frederick ma	2.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
REGISTRAR 10-53 Robert R. Howith.	LiM Waltz, Win field. The	na
		-

DECENTED

BUREAU V. S.

201 91 DUA

Woodlawn, Maryland

ADDRESS

#### 2411 N. Charles Street, Baltimere Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. I. PLACE OF DEATH. COUNTY CANALL COUNTY STATE Carroll MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and OR give nearest town) -, (in this place) Which Baltimore City TOWN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET DATE / (Month) 3. NAME OF (Day) (First) (Last) (Year) DECEASED EBECCA HOSHALL Slade DEATH August (Type or Print) 1955 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIQOWEQ. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months | Days | Hours | Min. June 22 18771 \$72 80 83: 11. BIRTHPLACE (State or foreign country) White Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY Country A Glenncoe, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Slade William Henry Harrison Anderson 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) Mr. Edward M. Hoshall, 218 Hawthorne Road 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE Bronchine Preumonia (Terminal Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 190. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT (Specify) (COUNTY) (CITY OR TOWN) (STATE) SUICIDE HOMICIDE TIME (Month) INJURY OCCURRED HOW DID INJURY OCCUR? (Day) (Year) (Hour) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Line 22, 1954, to Aug. 9, 1955, that I last saw the deceased alive on August 9, 1953, and that death occurred at 7:00 f.m., from the causes and on the date stated above. (Degree or title) Teesters town, ma

.1955 Woodlawn Cemeterv

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

of information carefully. death clearly and legibly.

Supply every item write the causes of

INK.

UNFADING t. Physicians:

PLAINLY, WITH Us especially important.

.53

WRITE

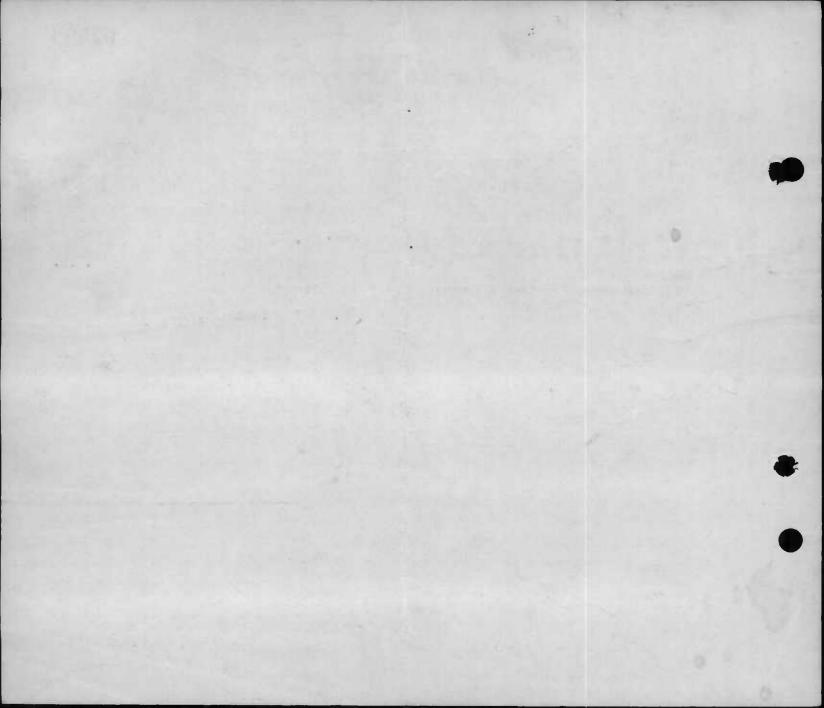
PLEASE

REMOVAL (Specify)

BINDING

FOR

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VS.

I. PLACE OF DE

3. NAME OF DECEASED: (Type or Print)

10s. USUAL OCCU

13. FATHER'S NAM

15 WAS DECEASED E (Yes, no, or unk.) | (

I. DISEASES OR

11. OTHER SIGNIE

19a. DATE OF OPE

TIME (Month) INJURY 22. I hereby cer

REGISTRAR

5. SEX:

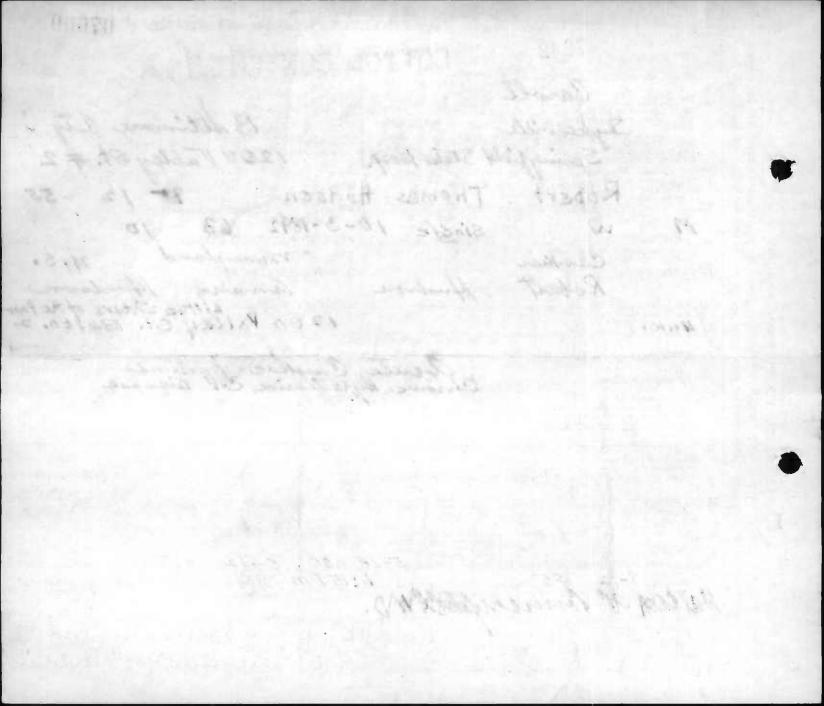
MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18 ()7600
Moss	E OF DEATH Reg. Dist. No.
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Caroll MARYLAND	STATE COUNTY 3 V 0 1-4
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give mearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR Springfield State Hosp.	STREET ADDRESS / 200 Valley St. # 2
NAME OF DECEASED: Type or Print)  ROBERT (Middle) Thomas	(Last) 4. DATE (Month) (DRy) (Year) OF DEATH: 8 12 19 55
M RACE: WIDOWED, DIVORCED, (Specify): SINGLE	OF BIRTH:  9. AGE iast birthday:    IF UNDER I YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min
USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	R   II. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME: Robert Hulson	14. MOTHER'S MAIDEN NAME:
(If Yes, give war or dates of service)	INFORMANT & ADDRESS: Little Sisters of the Part 1200 Valley St. Balto. 2
18. MEDICAL CERTIFICAT	Interval Betwee
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Deat
Immediate cause (a)	Carrie Taure
Antecedent causes (s) Diseases or conditions, if any,	yperlensine C-V wasses
giving rise to the above cause	
owers and countries.	
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes □ No □
ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   While at Not While NJURY   Mork	HOW DID INJURY OCCUR?
alive on	5, 1955, to 5-/2, 1955, that I last saw the deceased 15 PM, from the causes and on the date stated above.  ADDRESS DATE SIGNED

alive on S BURIAL, CREMATION, REMOVAL (Specify) REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians:

Supply every item of information carefully. The

please write the causes of death clearly and legibly.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	1807601

7585 CERTIFICATE	E OF DEATH Reg. Dist.	No. 76
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CATFOLL  CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  7 TOWN Westminster  20 yrs.	STATE MARY LAND COUNTY CARROLL OF COUNTY CORROLL OF TOWN Westminster	oll nd give nearest town 27
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 E. Main St.	ADDRESS 103 E. Main St.	1
DECEASED: (Type or Print) C. RAYMOND J EN	OF BIRTH: 9. AGE last birthday IF under 1 7	(Year) 19 55  EAR   1r UNDER 24 HRS.  Hours   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if Strore Clerk General	mar y Lana	CITIZEN OF WHAT
Wesley Jenkins	14. MOTHER'S MAIDEN NAME: Eliza Jane Hartley	
(Yes, no, or unk.) (If Yes, give war or dates of service) (217-05-3771	Burnell Jenkins, Manchest	ter,Md.
18. MEDICAL CERTIFICATION OF THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	al himorolge tis (sent)	INTERVAL BETWEEN ONSEX AND DEATH  1 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-31-, 1955, and that death occurred at SIGNATURE 10 Community Min M. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	5:30M, from the causes and on the date s  ADDRESS.  DAT  DAT	etated above. E SIGNED 2 - 5 5
BURIAL 8-4-1955 Ebenezer	Carroll Co., 1	
REGISTRAR  Hant Miller	C. M. Waltz, Winfield, Mo	ADDRESS

SSET & DAY

BUREAU V. S.

VS.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 76.0 Reg. Dist. No.

(0)								
1. PLACE OF DEATH:			2. USUAL RESIDI	ENCE (HOME)	OF DECEASE	D:		
COUNTY Carroll	MARYLAN	D	STATE Max	rvland		COUNTY	Wicom	ico
CITY (If outside corporate limits, write OR and give nearest town) TOWN Henryton		STAY lace)	CITY (If outside	le corporate lim		AL and g		t town)
HOSPITAL OR	tate Hospital		STREET ADDRESS	THE RESERVE OF THE PARTY OF THE	f rural give loca			1
3. NAME OF (First)	(Middle)	(	Last)	4. DATE	(Month)	(Day)	(Year)	
(Type or Print) Richard		J	ohnson	DEATH:	8	2	19 55	
RACE: WIDO	LE, MARRIED, WED, DIVORCED, fy): Married 8.	12-6-	F BIRTH:	9. AGE last bi	rthday: IF UNDE		Hours	Min.
10a. USUAL OCCUPATIONGive kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSIN INDUSTRY: Mill	ESS OR	Miami.		eign country):	COU U	MIKI	WHAT
13. FATHER'S NAME:	MILL	11	4. MOTHER'S MAI			0.	0	
William John			Unkn	own				
15 WAS DECEASED EVER IN U.S.ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY N		nformant & Al		tland. Ma	arvelar	nd	
NO	18. MEDICAL CERTI			Solle LLGI	Oralia III	1 7 101	Interval	
stating the underlying cause last.		ed bil	ateral pulm	onary tub	erculosis	5		
11. OTHER SIGNIFICANT CONDITIONS	)							
Conditions contributing to the death but								
related to the disease or condition causing		ATION				1 2	20. AUT	PSY ?
							Yes 🗍	No 🗆
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU	CE (Home, farm, factor, office bldg., etc.)	y, street,	(CITY OR TOW	(N)	(COUNTY)	(STA	re)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED   While at   Not Who   Work   At Wo	nile	HOW DID INJUR	Y OCCUR?				
22. I hereby certify that I attended to alive on 8-2-55, 19, and SIGNATURE  23. BURIAL, CREMATION, BATE THERI REMOVAL (Specify) REMOVAL (Specify)	that death occurred (Degree or title)	1 at 8:	20 a.m. , from AD Henryte Y OR CHEMATORY	m the causes on, Maryl LOCATIO	and on the d	date star	ted abov	'e.
	*							

BUREAU V. S.

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BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—B	ALTIMORE,	18	076	06
* 7604	CEL	RTIFICATE	OF	DEATH	Pos	Diet	No	7

CERTIFICAT.	E OF DEATH . Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Maryland county -
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town) (in this place)	OR
X TOWN Rural - Sykesville   since 2/24/	50 TOWN Baltimore City 3V01-4
HOSPITAL OR	STREET (If rural give location)
/5 STREET ADDRESS Springfield State Hospital	ADDRESS 245 Dallas Court
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Zach Alexander	JOHNSON DEATH: August 12 1955
	E OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR   IF UNDER 24 HR
RACE: WIDOWED, DIVORCED.	Months   Day VI
male   white   (Specify): separated Octob	per 26, 1881   73 yrs.   -   -   -
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WH
work done during most of working life.  even if retired): Watch repairman	Tamphhung Vinginia   United States
3. FATHER'S NAME:	Lynchburg, Virginia United States
Joe Johnson	Clara Trent
S. WAS DECEASED EVER IN U.S. ARMED FORCES!   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates	2
no of service) unknown	Records of Springfield State Hospital
18. MEDICAL CERTIFICA	TION INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
15/X	00/0 1 1 1
IMMEDIATE CAUSE (A) CANCELLO	es Holiver and lung shoot 6m
ANTECEDENT CAUSE (S)	es Holiver and lung
DISEASES OR CONDITIONS, IF ANY. (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	s with cerebrel arteritakions 6 you
DISEASE OR CONDITION CAUSING DEATH.	I wan course whom and a la
9A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY
	YES TO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing 21B. PLACE (Home, farm, factor Contribution 21B. PLACE (Home, farm, factor Contri	cetory. 21c. WHERE DID (City or town) (County) (State)
IF EITHER, NOTIFY MEDICAL EXAMINER)	The second secon
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while	21F. HOW DID INJURY OCCUR?
M. at work at work	
22 I haraby cartify that I attended the deceased from .[11]	y 22, 19 50 to Aug. 12, 19 55 that I last saw the deceas
alive on Aug. 12, 19.55, and that death occurred at	t 2:15. M, from the causes and on the date stated above.
	N D ADDRESS DATE SIGNED
men on h D Martin Gross	M. D. Sykesville, Maryland 8/12/55
	TERY OR CREMATORY   LOCATION (City, town, or county) (Sta
REMOVAL (SPECIFY)	72-24
Burial Aug. 15, 1955 St. Pau 1	Baltimore, Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

DECEDAED

91 9N**e** 1 91 1962

BUREAU V. S.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

A15-VS.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 197604 7695 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg.	Dist.	No.	10

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
COUNTY Carroll MARYLAND	state Maryland county Montg	gomery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  X TOWN Rural - Sykesville 3Y 10M 28		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural give location) ADDRESS	/
3. NAME OF (First) (Middle)		Ony) (Year)
DECEASED: (Type or Print) Amy Matrona	JONES OF DEATH: 8/	L8 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 9	/1/81   13 yrs.	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	Montgomery Co., Maryland	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Rufus F. King	Ursala King	
18. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Record, Springfield State Hos	spital
18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN ONSET AND DEATH
420.1	cardial infarction	instant
DUE TO		
ANTECEDENT CAUSE (8'	ocardial infarction	month
STATING UNDERLYING CAUSE LAST.		haven
(c) pulmonary e	dema and bronchopneumonia	hours
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CHRONIC TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH SENITE brain		5 years
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.	ctory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/16	, 1955, to 8/18, 1955, that I last	saw the deceased
alive on 8/17, 19 55., and that death occurred at	t 12:15M, from the causes and on the date	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY   LOCATION (City, town, or	county) (State)
Burial Aug. 21.1955 Damasc		i.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	din L. Molesworth, Damas	address Md.

DECENACIONE SO TORRE

BUREAU V. S.

THE STREET PROPERTY OF THE PRO

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MAKYLAND SI	AMEDEPARIMENT OF		A OE DEADUI	Neg. Dist.
MEDICAL EX	KAMINER'S CE			No.
I. PLACE OF DEATH:			CE (HOME) OF DECEASED:	
COUNTY Carroll	MARYLAND	STATE Maryla		
OR and give nearest town)	write RURAL LENGTH OF STA	OR	corporate limits write RURAL and	
X TOWN Sykesville	ko y 11 m 1			VO 1-4
HOSPITAL OR INSTITUTION OR STREET ADDRESSORINGFIE	ld State Hospital	STREET ADDRESS 3333	(If rural, give location) N. Charles Street	V
3. NAME OF (First) DECEASED: (Type or Print) Charles	(Middle)	(Last) Kidd	4. DATE (Month) (Day OF DEATH 8 26	y) (Year) 19 <b>55</b>
5. SEX: 6. COLOR OR RACE:	1 7. SINGLE, MARRIED,   8. DA	TE OF BIRTH:	9. AGE last birthday: IF UNDER 1 Months D	
10a. USUAL OCCUPATION (Give work done during most of we even if retired):	kind of   10b. KIND OF BUSINESS	OR 11. BIRTHPLACE		CITIZEN OF WILAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAI		
George Kidd		Mary Cras	26	
15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unk.) (If Yes, give war	or dates of 16. Social Security No.:			
NO service)	NONE	Hospital Recor	rds	
· Propries of Goldming No.		ICAL CERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DI	RECTLY LEADING TO DEATH:			ONSET AND DEATH
L'mmediate/cause	DUE TO Pulmonary embolis	M		hours
Antecedent cause(s) Diseases or conditions, if any,	(b)Brenchopneumonia,	beginning		hours
giving rise to the above cause	DUE TO			
stating underlying cause last	(c) Fracture dislocat	ion.left should	ler	ll days
TO THE DEATH BUT NOT DISEASE OR CONDITION CAN	TONS CONTRED TING MENTAL OF THE MENTAL OF TH	leficiency with	out Psychosis	110 years
19a. DATE OF OPERATION: 19h	. MAJOR FINDING OF OPERATION	i <b>:</b>		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS	21b. PLACE (Home, farm, fact	ory.   21c. (City or tow	(County)	(State)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OF street, office bldg., INJURY ward?	etc.,	e. Carroll	Md.
21d. TIME (Month) (Day) (Year)	(Hour)   21e. INJURY OCCURRED While at Not while	217, HOW DID I	Naury occur? und to have bruises	all over his
INJURY 8 - 12 - 55	? M.   work □ at work ook charge of the remains described			
22. I hereby certify that I to	ook charge of the remains described from: Natural causes 🙀, Ac	cribed above, held at	Homicide I Undete	rmined cause
SIGNATURE	rom: Natural causes , A	CHIER	MEDICAL EXAMINER	DATE SIGNED
James J. 1	hanh	M. D. ASSIS	TY MEDICAL EXAMINER TANT MEDICAL EXAM.	8/27/55
23. BURIAL, CREMATION, DATE REMOVAL (Specify):	TE THEREOF NAME OF CEMES	PERY OR CREMATORY	BALLINIONE	county) (State)
	ISTRAR'S SIGNATURE	24. FUNERAL DI	RECTOR	ADDRESS
REG.	Off / federal	LhARI	EJ F. EVANSYJ	ON

168 W. Ant. Royal AVE

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## 7697 MARY

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

07606

Reg. Dist. No. 70

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	
TOWN Aural Taury town (in this piace)	CITY (If putside corporate limits, write RURAL and give nearest town) OR TOWN Weeklestes
HOSPITAL OR	STDEET (II and all all all all all all all all all al
INSTITUTION OR STREET ADDRESS	ADDRESS 2 0 Gerrard St -
3. NAME OF DECEASED First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) / / C + ARb	NOTT DEATH aug 19 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH    - 25-17   9. AGE last birthday   ff under   year   If under 24 hrs   Months   Days   Hours   Min.
done during most of working life, even if retired) INDUSTRY Value or	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT  OUNTRY?  Quantry?
13. FATHER'S NAME	+ 14. MOTHER'S MAIDEN NAME
(First name unknown) Knett	Anna Susan Reilly
	17. INFORMANT AND ADDRESS
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 218-01-7294	Mrs. Anna Highberger Sharpsburg Md.
18. MEDICAL CE	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
33!X Perelines h	emorrhage 15 munty
Immediate cause (a)	7
Antecedent cause(s)	
Diseases or conditions, if any, (h)	14 0040 × 1040 0040 1 1047 (10 × 10 × 10 × 10 × 10 × 10 × 10 × 10
stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
	Yes No 🕅
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	
PRIMARY DOR CONTRIBUTING DOF Office bldg., etc.) CAUSE OF DEATH.	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?
INJURY m.   work   at work	
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection , Inquiry thereon and from the evidence eased died on the day stated above, and death in my opinion resulted
from: natural causes , accident , suicide , homicide ,	used area on the any stated above, and death in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
James J. Oharsh, Deput Phedies to	(187 41 1
	xamin Westermales That 8/19/03.
23. BURIAL, CREMATION   DATE THEREOF / I NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)
TO THE COMMAN OF THE STATE OF T	
Bur 19 1 (Specify) Aug. 22-55 Mt. View Co	emetery Sharpsburg Md.
Bur Mal (Specify) Aug. 22-55 Mt. View Co	emetery Sharpsburg Md.    24. FUNERAL DIRECTOR ADDRESS
Bur Mal (Specify) Aug. 22-55 Mt. View Co	emetery Sharpsburg Md.

BECEIVED

BOBEVO A E

#### MARYLAND STATE DEPARTMENT OF HEALTH

7608

#### 2411 N. Charles Street, Baltlmore

#### 71

07607

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Emall
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR givenearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gir	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	1
3. NAME OF DECEASED (First) THA - E - HAPE LE	LECHE (Month) OF DEATH QUQ	(Day) (Year) 21- /9 (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	9. AGE last hirthday Hunder Honths	1 year If under 24 hrs Days Hours Min.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRIAL	11. BERTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
George Burblitz	Elizabeth alban	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 76. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give was or lates of leervice)	In Howard Clas-Mausle	ester md
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4	ONSET AND DEATH
450, Immediate cause (a) Reculitus	uliens	1 mont
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Jensen , left toka - Johnsa	2 inputto
(c)	generaly ed	July
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	0	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from left 8 alive on 7/23 , and that death occurred at 9		
alive on 1000, and that death occurred at	ADDRESS	DATE SIGNED
W.18. Trouse M.10	of annually, the	5/4437
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER BEHOVAL (Specifi)	BY OR CREMATORY LOCATION (City, town, or count	(State)
REG. aug 22-55 Mrs. W. Lenner	Les a Tiplos Houghte	ADDRESS

DEVERNA ETO

MARYLAND

ly. lim. 7days

CITY (If outside corporate limits, write RURAL| LENGTH OF STAY

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

TOWN Baltimore

COUNTY Baltimore City

3 V 0 1 - 4

CITY(If outside corporate limits, write RURAL and give nearest town)

1. PLACE OF DEATH:

COUNTY Carroll

TOWN Sykesville

and give nearest town)

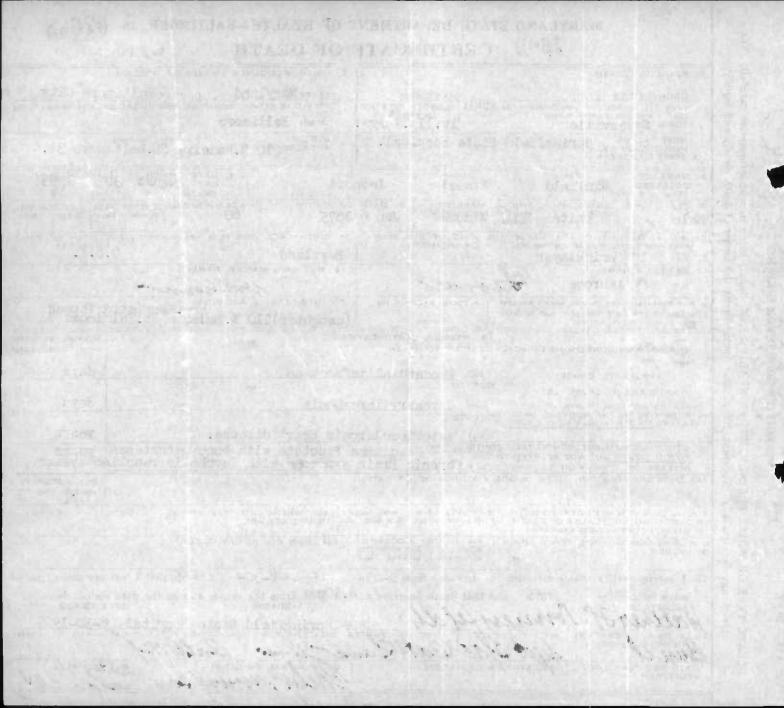
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HOSPITAL OR Springfield State Hospital. STREET (If rural give location) ADDRESS 210 N. Madeira St. Baltimore 31. STREET ADDRESS (Middle) (Last) 4. DATE (Month) 3. NAME OF (First) 1955 Leonard DECEASED: Winfield Samue 1. (Type or Print) DEATH: 5. SEX: 6. COLOR OR | 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday Months Days IF UNDER 24 HRS. (Specify): WIROWER. Male Jan 6 Hours OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: U.S. A. even If retired) Bricklayer Maryland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Ambroso te 17. INFORMANT & ADDRE 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates (daughter)210 N. Made of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH d 420.0 (A) Myocardial infarction days IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S: (B) Coronary Thrombosis davs DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (c) Arteriosclerosis Heart disease. vears important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Carcinoma Prostate with bone metasteses VOLTE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Brain syndrome with Psychotic reaction years 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 20. AUTOPSY7 NO 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work 52 22. I hereby certify that I attended the deceased from 9-23-...., 1955, to 8-30-..., 1955, that I last saw the deceased 1955 .. and that death occurred at 8.10p M, from the causes and on the date stated above. rrect DATE SIGNED M.D. Springfield State Hospital 8-30-1955 NAME OF CEMPTERY OF CREMATORY LOCATION (City, town, or county) SPECIFY) DATE REC'D BY LOCAL



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7610 CERTIFICATE OF DEATH Reg. Dist. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Carroll Maryland Carroll COUNTY STATE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL| LENGTH OF STAY X OR and give nearest town)

Nr. Pleasant Valley

(in this place)

Life OR TOWN Rural. Nr. Pleasant Valley (If rural give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS of street address Westminster, Md. R.D. 7 Westminster. Md. R. D. 3. NAME OF 4. DATE (Month) (Year) (Middle) (Last) (First) DECEASED: Leppo Missouri 19 (Type or Print) DEATH: S. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: If UNDER I YEAR IF UNDER 24 HRS. 5. SEX: 7. SINGLE, MARRIED. WIDOWED, DIVORCED, RACE: Months | Days Hours (Specify): Widowed Female 11/2/1871 White 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT 10a. USUAL OCCUPATION Give kind of COUNTRY? work done during most of working life, INDUSTRY: Carroll Co., Md. U.S.A. Housewife ed Housework Own home 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Samuel Keefer Elizabeth Rodkey 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS. 'YES, no, or unk.) (If Yes, give war or dates of (Yes, no, or unk.) | (If Yes, give war or dates of service) Mrs. H. M. Warehime, Westminster, Md. R.D.7 No. None 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (a) Acute Carchae Decompunation
(b) Cardio Renal Vascular viewe Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY (COUNTY) (STATE) 21. ACCIDENT (Specify) (CITY OR TOWN) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? Not While INJURY At Work Work | 22. I hereby certify that I attended the deceased from 6 /- 1955, to 8 ... 6 - 1955, that I last saw the deceased 1966, and that death occurred at 3:30 P.No., from the causes and on the date stated above.

(Degree or title)

ADDRESS LOCATION (City, town, or county) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY St. Marys Union Cemetery S. Silver Run, Carroll Co. Wd. DATE REC'D BY LOCALI Littlestown, Pa.

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age is especially important. Physicians: please

PLEASE WRITE PLAINLY,

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7611

#### CERTIFICATE OF DEATH

07610 Reg. Dist. No.....

b and a second and		
I. PLACE OF DEATH: Springfield State Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED:	083
COUNTY Carroll MARYLAND	STATEMaryland count	ry Carroll
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	
X TOWN Sykesville (in this piace)	ays <sup>rown</sup> Westminster	X
HOSPITAL OR INSTITUTION OR SPRINGIGIOSSTATE HOSPITAL	ADDRESS Route 6 Westminster, Md.	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Marian Middle)	(Last) 4. DATE (Month) (Day) OF DEATH: August 6	(Year) 155
RACE: WINOWED DIVORCED	of Birth:  9. AGE last birthday: If UNDER I YE.  -1883  72  yrs.  Months Day	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife	·	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George Horn	Margaret Elizabeth Blank	
(1 ies, sive war or dates of	informant & AddressMr. Howard Mac Gil t.6, Westminster, Md. Miss Elizabeth aughter) 4811 Gwynn Oak Ave. Balt. 7	Mac Gill
18. MEDICAL CERTIFICATION	ON	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
491X Princh anno manife		2dorra
Immediate cause (a) Bronchopneumonia		3days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS C.B.S. associated wire Conditions contributing to the death but not	th circulatoryedisturbances, with	Wa ana
related to the disease or condition causing death.cerebral arter	iosclerosis.Psychosis.Diabetis	Years
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	Mellitus.	20. AUTOPSY ?
		Yes No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (ST	rate)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-1	6 10 55 to 8=6= 1055 that I last s	aw the deceased
22. I hereby certary that I attended the deceased from	1. d	an one developed
alive on 8, 6, 19.55, and that death occurred at 6	•42. P. M., from the causes and on the date s	tated above. re signed
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	pringfield State Hospital. Aug	ust 6-55.
REMOVAL (Specify)		nty) (State)
Burial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	metery Woodlawn, Maryland 24. FUNERAL DIRECTOR	ADDRESS
TORSI CHILL NEWLARD	Elworth armae	- Char
f. 2	Ellsworth Armacost 4600 Liberty H	eights Ave.

- had 0-100 

ADDRESS HAGERSTOWN RO

# CERTIFICATE OF DEATH

200 The correct PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING DATE REC'D BY LOCAL

7612 CERTIFICAT	LE OF DEATH	m./
FOR MEDICAL	L EXAMINERS Reg. Dist. No.	v. 1H
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
Carroll	STATE Maryland COUNT	Y Wash.
CITY (If outside corporate limits, write RURAL, and I LENGTH OF STAV	CITY (If outside corporate limits, write RURAL and gir	ve nearest town)
OR give nearest town) Sykesville (in this place) Vear	TOWN Hagerstown	21-03-2
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS Springfield State Hospital	ADDRESS Memorial Blvd. East, P.	0. Box 764/
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) MALSIE NOUISE //	MARSHALE DEATH 8	11 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday   If under	I year   Il under 24 hrs
Female White WIDOWED DIVORCED, (Specify) Single	6-12-32 23 yrs. Months	Days Hours Min.
198. USHAL OCCUPATION (Give kind of monk) 10h Water on Discourses		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Maryland	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- VAUAA
John H. Marshall	Halsie Leona Rife	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, of unknown) (If yes, give war or dates of second Second No.	Hospital Records	
18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
9711X		ONSET AND DEATH
Immediate cause (a) Duff Destion	,	Minutes
		***************************************
Diseases or conditions, if any, (b)	y The ness.	
giving rise to the above cause		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		l year &
related to the disease or condition causing death. Schizophrenic r 19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	eaction, chronic undifferentiated	longer
THE ST OF ENTITION 1995 MEASON PINDINGS OF OFERATION	type	20. AUTOPSY?
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OF BOTTO)	Yes No 🗗
PRIMARY To GR CONTRIBUTING OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	6. 4
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Systewalle learne	- Thy
OF While at Not while	HOW DID INJURY OCCUR?	
INJURY 0 // Om.   work   at work	104 my Lercel	
22. I certify that I took charge of the remains described above, held an A	Jutoney Inspection I Traviry & Thereon and	from the anidonae
could then by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above and death in my	opinion resulted
from: notural causes  , accident  , suicide   homicide	undetermined .	7
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James March Deputy Medically	exercise tershumler mh	8-12-576
	RY OR CREMATORY   LOCATION (City, town, or count	ty) (State)
_ DUNIAL 101011103 11004 17/64	CEMETERY HAGERSTOWN,	のかれていろかり
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
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correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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maryland state departmen 7613 CERTIFICATI	O T C
COUNTY CAUALL MARYLAND  CITY (If gutside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  TOWN CHARGE OR INSTITUTION OR	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE Maylandounty and give nearest town) OR TOWN Linebors, Runal STREET (If rural give location)
DECEASED: (Type or Print) TSAAC-AV) ERSON-MO  5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. B. DATE WIDOWED, DIVORCED, (Specify named) Mark  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS)	(Last)  4. DATE (Month) (Day) (Year)  OF  OF  DEATH: OUT   8 19 JJ  OF BIRTH:   9. AGE last birthday   15 UNDER 1 VEAR   15 UNDER 24 HRS.    Months   Days   Hours   Min.    11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
work done during most of working life, even if retired):  13. FATHER'S NAME:  15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME:  Accus Builey  17. INFORMANT & ADDRESS:  Mus Chas Ehshart. Luighoro Md
IS. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  33/X IMMEDIATE CAUSE  ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	al Hemourhage Ink  utennia 5 yrs  orlevois 5 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While at work at work 1	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
22. I hereby certify that I attended the deceased from the alive on alive on 17, 1955, and that death occurred at SIGNATURE  23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETE CLUBY 25 The Alive Park of the Company of the Compa	7

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7614 CERTIFICATE OF DEATH

Reg. Dist. No.

07613

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Mammland COUNTY Balto City
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE Maryland COUNTY Balto City CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town)  TOWNSykesville  (in this place) 2 y 2 m 15 d	TOWN Baltimore 18, Md. 3V0/-4
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS .
/5 STREET ADDRESS Springfield State Hepital	914 Bonaparte Avenue
3. NAME OF Maryrst) Elizabeth Mc Nama (Type or Print) Elizabeth Hary Mc Nama	OF 6
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR   IF UNDER 24 HRS.
F WIDOWED, DIVORCED, Janua (Specify): Widowed unload	ry 14th-? 83 9 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. , OR INDUSTRY:	III. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
work done during most of working life. OR INDUSTRY: even if retired): Unknown	Ohio Country?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Mose Duval	Harriett Trembley
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:
(Yes. no. or unk.) (If Yes. give war or dates	
unkn (No of service) None unkn	Hospital Records
18. MEDICAL CERTIFICATI	MISTAL DELIVERY
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	and a second
DUE TO	nonia days
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chron. bra	
DISEASE OR CONDITION CAUSING DEATH Senile brain C	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor	ory. 21c. WHERE DID (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from 11-16	- 195), to 8 - 20- 1955 that I last saw the deceased
alive on 819, 1955, and that death occurred at	ADDRESS DATE SIGNED
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23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	P. Springfield State Hospital Aug. 20, 1955 RY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) 0-99-1055 New Cathodre	
Dullal	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Ceofwe J. Ruth The -1735 Harford Avenue
8/36/55 (1.06. Ald auch	Games of Ruth me 4900.

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PLEASE TYPE

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07614

7615 CERTIFICATE OF DEATH

Dog	Diet	No	74
neg.	Dist.	NO.	1./

	1010 CERTIFICATI	E OF DEATH Reg. Dist.	No. ///	
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):	
gib	COUNTY	stateMaryland county		
e	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)	
and legibly	Y TOWN Jy (EJV: VL 35 years	OR	3 VO 1 - 4	
rly	HOSPITAL OR JOHN Mill House	STREET (If rural give location)		
clearly	15 STREET ADDRESS HOSpital	1606 Hanover Street	1	
th c	DECEASED: 1.014410	(Last) 4. DATE (Month) (I	Ony) (Year)	
death	(Type or Print)	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	T 19 00	
of	RACE: WIDOWED, DIVORCED, (Specify): Single Un'-no	Months D	ays Hours Min.	
ses	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY	11. BIRTHPLACE (State or foreign country):  12.		
causes	even if retired): Factory Hand	Maryland	COUNTRY	
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
4	? Meredith	Not known		
rit	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
please write the	(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Records		
lea	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN	
	420.1	O. al.		
ns	IMMEDIATE CAUSE	vy occhnion	Minutes	
Physicians	ANTECEDENT CAUSE (8)	20 years		
ıysi	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	TIME and a 10 house here.	& longer	
占	STATING UNDERLYING CAUSE LAST.			
nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	pureing	35 years & longer	
upo	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?	
			YES NO NO	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)			
dsa	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
is	OF INJURY While M. While at work at work			
a	22. I hereby certify that I attended the deceased from 3	7 1920, to 1 - 1 1955 that I last	saw the deceased	
\$0 es	22. I hereby certify that I attended the deceased from 3 = 1 alive on 3 = 1 , 19.55, and that death occurred at SIGNATURE	DM. from the causes and on the date	stated above	
ect	SIGNATURE (	AACI ADDRESS / ACI DAT	E SIGNED	
correct	Windul Someweller M. D. Herling	ha stall forms tal symmettle	WQ -8-155	
2	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or	county) (State)	
-	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS.	

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age is especially important. Physicians: please

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1807615

7616 CERTIFICATE OF DEATH

	(16	OT	Unil
Reg.	Dist.	No.	24

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HUME) OF DECEASED.	
county Carroll MARYLAND	STATE Marvland . COUN	TY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL an	nd give nearest town)
X TOWN Sykesville 29½ years	TOWN Baltimore	3 V 0 1 - 14
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	1
Springfield State Hospital	anne -	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	
(Type or Print) GERTRUDE E. M	TILER DEATH: August 5	1955
RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday: If UNDER 1 YE	
Female White (Specify): Married 187	73 82 yrs.	
10a. USUAL OCCUPATION. Give kind of   10b. KIND OF BUSINESS OR	11 RIRTHPLACE (State or foreign country): 112. (	CITIZEN OF WHAT
work done during most of working life, even if retired): ITOMOSTRY:		
even if retired): Housework Aome	Maryland 14. MOTHER'S MAIDEN NAME:	I.S.A.
AND ASSESSED INTERNAL		
William Oliver Ewing	Alice Henkle	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:	
	Hospital records	
18. MEDICAL CERTIFICATIO		Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
002X		2 days
Intili Culture Culture	nage	A
Antecedent causes (s)		
Diseases or conditions, if any, (b) Arteriosclerosis	general	Years
stating the underlying cause last. DUE TO		
(c) Tuberculosis of	lung - far advanced - inactive	2 years
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death. Dementia Prae	cox, paranoid type.	30 vrs. +
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	STATE)
SUICIDE OF office bldg., etc.) INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At Work		
22. I hereby certify that I attended the deceased from5-13		saw the deceased
alive on8-5, 19.55 and that death occurred ot2		
SIGNATURE (Degree or title)	ADDRESS DA	TE SIGNED
Washer of Journalines	noficial Chata Hagnital	3_5_55
23. BURIAL CREMATION, DATE THEREOF AME OF CEMETER	ngfield State Hospital	unty) (State)
Kessevery 8-6-55	12174 Fauld.	Ballo Sal.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
PREGISTRAR 1455 P. Harrifler	112 Brad De 1217 Stee	VA. Bell
and all the second second		

## BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07616

CERTIFICATE OF DEATH 7517

rrect	761	7 CERTI	FICATE OF	DEATH	Reg. Dis	t. No. ).6
COL	I. PLACE OF DEATH:	A	I 2. USII	AL RESIDENCE (HOM	E) OF DECEASED:	
e .	COUNTY / O ARRALL	MA	RYLAND STA	mar l	/	NTY CANO.
	- COUCY VI	its, write RURAL LENG	TH OF STAY CITY	(If outside torporate		
full l le	CITY (If outside corporate lim OR and give nearest town) TOWN	May 6.		N Fruillo	wre	×
0	HOSPITAL OR INSTITUTION OR STREET ADDRESS	instan R. 1	STRI ADD	RESS	(If rural give location	D. 7
nation	3. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month) (Da	ay) (Year)
, fine	(Type or Print) ULAP	ENCE H.	MYER	S DEATH		11, 19 55
infor	5. SEX: S. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCE	D, 8. DATE OF BIRTH	H: 9. AGE last	birthday F UNDER 1	YEAR IF UNDER 24 HRS. Days   Hours   Min.
e	30a. USUAL OCCUPATION. Give k	(Specify):	BUSINESS OR   M. BI	RTHPLACE (State or fo	oreign country):  12.	CITIZEN OF WHAT
201	work done during most of worki	ing life, INDUSTR'	BUSINESS OR II. BII	ATHIEACE (State of I	oreign country).	COUNTRY?
causes o	13. FATHER'S NAME:	2 lagrand	III. MOT	HER'S MAIDEN NAME		U SA.
	to traslip in m	4100	toto	na OIT	7	
	15 WAS DECRASED EVER IN U.S. ARME (Yes, no, or unk.) (If Yes, give war of	D FORCES? 16. SOCIAL SEC	URITY NO.: 17 INFORM	ANT & ADDRESS:		
Supply write t	service)	none	Jula	1. myer	2	
Supply write			CERTIFICATION	0		Interval Between
INK. please	I. DISEASES OR CONDITIONS I	(a)	many (	cclusion	<b>/</b>	Onset And Death
5	Antecedent causes (s)	DUE TO	0			
UNFADING Physicians:	Diseases or conditions, if any giving rise to the above cause stating the underlying cause In	(0)			***************************************	
IFA ysic	State of the state	(c)				
	II. OTHER SIGNIFICANT CONDIT Conditions contributing to the directed to the disease or condition	eath but not	N	ne		
LY, WITH important.	19a. DATE OF OPERATION: 19b.		OPERATION			20. AUTOPSY ?
W	21. ACCIDENT (Specify)	PLACE (Home, farm,	factown atmost   (CIT	Y OR TOWN)	(COUNTY)	Yes No (STATE)
	SUICIDE HOMICIDE	OF office bldg.,		I OK TOWN)	(000111)	(DIAID)
E PLAINLY especially im	TIME (Month) (Day) (Year) OF INJURY	(Hour) INJURY OCC While at Work	URED Not While At Work	OID INJURY OCCUR?		
- Junite	22. I hereby certify that I att	ended the deceased fr	om aug 11 ,1955			t saw the deceased
WRITE ge is es	alive on (Myll, 195	, and that death oc (Regree or title	curred at 11:10 A	M from the cause	es and on the date	stated above.
W	Julius Chepko	- M.O.	Westmin	ster Md	aug 1	2,1455
and a	REMOVAL (Specify)	14.1955 Ba	of CEMETERY OR CE	BEMATORY LOCAT	ON (City, towns or o	State) (State)
PLEASE	DATE REC'D BY LOCAL REG	STRAR'S SIGNATURE	Ma Par FUNI	ERAL DIRECTOR	n Wortin	ADDRESS mod
-	0 / 0 10 /V	100	, July	VILLUVIA 1 UV		-



BUREAU V. E.

## 7610

## CERTIFICATE OF DEATH

Littlestown, Pa.

Partner.

386 correct M WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH U

TOTO FOR MEDIC	AL EAAIVIINERS Reg. Dist. No	v/(2
I. PLACE OF DEATH- COUNTY  Carroll  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Massachusetts Suffolk	Y
CITY (If outside corporate limits, write RURAL and LENGTH OF ST. TOWN Rural, Nr. Silver Run Few Hours	AY    CITY (II outside corporate limits, write RURAL and given	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster, Md. R.D.1	STREET (If rural, give location) ADDRESS 177 Cambridge Street	1
3. NAME OF DECEASED (First) (Middle) (Type or Print) Elwood Sterling	Nusbaum 4. DATE (Month) OF DEATH	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE, (Specify) Married	P. 6/27/1918 9. AGE last birthday If under Months	1 year   If under 24 h
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business Convergence of the control of the	or   II. BIRTHPLACE (State or foreign country)   12	2. CITIZEN OF WHA
David S. Nusbaum	14. MOTHER'S MAIDEN NAME  Myrtle Weishaar	
15. WAS DECRAYED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Year of unknown)   (If yes, give war or dates of 2 service)   World War 2	Mrs Geneva Nushaum Allston,	mbridge St. Mass.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause steting the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS	2 Occlusion	Munt
Conditions contributing to the deeth but not related to the disease or condition causing deeth.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		Yes No &
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) INJURY	eet, (CITY OR TOWN) (COUNTY)	
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED While at Nnt while INJURY or work	HOW DID INJURY OCCUR?	
22. I certify that I took chorge of the remains described above, held obtained by said Autopsy, Inspection or Inquiry, find that said of from: natural causes X, accident , suicide , homicide SIGNATURE  The March Reputy Medie	ADDRESS Winterment Met	DATE SIGNED
Burial (Specify) 8/0/ce Baust Chur	rch Cemetery Nr. Taneytom, Ca	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

BECEINED

BUREAU V. S.

REGISTRAR'S SIGNATURE

St. Marys Cemetery

(Day)

Days

12. CITIZEN OF

COUNTRY?

U.S.A.

(Year)

19

Hours

WHAT

Interval Between

Onseta And Death

20. AUTOPSY ? Yes No

(STATE)

Silver RUN, Carroll Co., Md

50

K

PLE,

DATE REC'D BY LOCAL

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BUREAU V. S.

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ARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()762(

Reg. Dist. No. 82-83

7 0 0 2	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Mary and COUNTY Corroll
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town)  TOWN Rural Sykesville 20 years	TOWN Rural - Sykesville X
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR Route 2. Sykesville	Route 2- Sylcosville Streaker Road
SEPERAL HOUSE	
	ckett   4. DATE (Month) (Day) (Year)  OF DEATH: August 17 1955
THE PARTY OF THE P	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Femicle white (Specify): Morried Jan.	18, 1894 6/ yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired): Housewife Home	Maryland. COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Augustus Riggs Bidinger	Mory Henrietta Ritter
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   15. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	Myrtle G. Bidinger Finksburg, Md.
Mo. of service)	
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
HIMMEDIATE CAUSE (A) CEVED	ral Hemorrhage 12 hours
ANTECEDENT CAUSE (S)	Condition to Deal
	sive Cordiovosculor Disease byears
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES NO X
21A. ACCIDENT WAS UNDERLYING \( \) 21B. PLACE (Home, farm, fact OR CONTRIBUTING \( \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	2 1F. HOW DID INJURY OCCUR?
OF INJURY While While at work at work	
	1050 to Avenue 1055 that I last somethy decorate
	, 1950, to Avgurt, 1955, that I last saw the deceased
alive on Avgust 16. 1945, and that death occurred at	7 A.M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
SIGNATURF ( ) O O O	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY ON ONEMATORY COCATION (City, town, or founty) (State)
PEMOVAL (SPECIEV)	
BURIAL 8-20-1955 Poplar S	24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	C. M. Waltz, Winfield, Maryland
(sud. 18, 172) (sofes 11, 72400).	O. M. Maroz, Mrnirord, mar Arang

BUREAU V. S.

SSEI SS DUA

DE CEINEIL

### MARYLAND STATE DEPARTMENT OF HEALTH

7532

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No..

I. PLACE OF DEATH-	arroll	7 MARYLAND	2. USUAL RESIDENCE (I	ryland C	OUNTY Carroll
CITY (If outside corporate legive nearest town)  TOWN	mits, write RURAL and	LENGTH OF STAY	OR TOWN	te lingto, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	8	0	STREET	(If rural, give local	on)
3. NAME OF DECEASED (Type or Print)	ATrudo de	relation	tickles	4. DATE Mont	(Day) (Year) (A) 25 1943
	WID	IGLE, MARRIED, IOWED, DIVORCED, Decify)	Tel 7/824		nder I year   Hunder 24 hrs.   Hours   Min.
10a. USUAL OCCUPATION (Condone during most of working life	live kind of work   10b.	KIND OF BUSINESS OR	6.01	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Herry Ja	icken	Mary C	NAME Ari	telimore
15. WAS DECRASED EVER IN U. (Yes, no, or unknown) (If yes, g service)	S. ARMED FORCES? 16.	SOCIAL SECURITY No.	17. INFORMANT, AND	ADDRESS Par	sey
(Bot Vice)	700	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIO	NO DECTIVITADI				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIO	NS DIRECTLI LEAD	ING TO DEATH	10.1.	•	S. A. A. A.
Immediate cause	(8)	Dronary	Cellus	ion	many
Antecedent cause Diseases or conditions giving rise to the above stating the underlying	if any, (b)	rterio	elerosi	9	
II. OTHER SIGNIFICANT C Conditions contributing to the related to the disease or cond	e death hut not lition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDIN	NGS OF OPERATION			Yes No
21. ACCIDENT (Speci SUICIDE HOMICIDE	PLACE (Ho OF office INJURY	ome, farm, factory, street, bidg., etc.)	(CITY OR T	OWN) (CO	UNTY) (STATE)
TIME (Month) (Day) OF INJURY	(Year) (Hour)   INJU While m.   Worl		HOW DID INJURY OC	CUR?	
22. I hereby certify that	I attended the dece	good from 8-37	- 1951 to 8-7.	J = 1955 that I	last saw the deceased
22. I hereby certify that	I attended the dece	aseu nomg	, 10	, 10.m.m., 01100 1	last saw the deceased
alive on S-> 3	19.5 and that	death occurred at	ADDRESS (	causes and on the d	ate stated above.  DATE SIGNED
6 m	au Jan	ale Mis	, out ler	y red	8-21-17
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	Kock Cre	ek Ober V	CATION (City, town)	nglondC
DATE REC'D BY LOCAL REG.	REGISTRANS SIGNA	- Reuseles	24. FUNERAL DIRECTO	R 14 the of	ADDRESS
A A CONTRACTOR OF THE PARTY OF					

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of informedon carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

SECEINED SEC

BUREAU V. K.

3 1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7628 CI	ERTIFICATE	OF	DEATH
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7528 CERTIFICA	ATE OF DEATH Reg. Dis	t. No. ///
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY CATTOLL MARYLAND	STATE (MC) COUNTY	14
CITY (If outside corporate limits, write RURAL LENGTH OF OR and give hearest town) (in this play TOWN Sylves V) - Cle 6 Ms. 2	STAY CITY(If outside corporate limits, write RURAL	and give nearest town
HOSPITAL OR INSTITUTION OR Spring field State Hop to	STREET ADDRESS 1624 Waverly	'Way!
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
OECEASED: (Type or Print) Helln Economy	Prempas DEATH: 8	6 1955
SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. WIDOWED, DIVORCED, (Specify): Litaria	DATE OF BIRTH: 9. AGE last birthday IF UNDER 1  85 yrs. Months	Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): work with the control of the cont	ESS   11. BIRTHPLACE (State or foreign country):   12	COUNTRY? 41.5
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
un Rusin	un huder	
15. WAS DECEASED EVER IN U.S. ARMEO FORCEST 16. SOCIAL SECURITY	No. 17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	1 Hospital Records	
18. MEDICAL CERTI		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1001	ONSET AND DEATH
IMMEDIATE CAUSE (A) Write	myoradal morthon	Minute
DUE TO /	1	
DISEASES OR CONDITIONS, IF ANY, (B)	coronary outerson	Minute
GIVING RISE TO THE ABOVE CAUSE DUE TO		
(c) Hyperlee	unive randitivosin la direcese	1 year
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING C. S TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	,S, due to sere wel arterio -	Years
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	m, factory. e bldg., etc.  21c. WHERE DID (City or town) (Cou	nty) (State)
OF INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY  OR INJURY	ile 🦳	
22. I hereby certify that I attended the deceased from	2. 4, 1955, to 8 16, 1955 that I las	t saw the decease
alive on \$ 6, 1955, and that death occurre signature fetude W. Gon, W.D.	red at 3 45 M, from the causes and on the date	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CREMOVAL (SPECIFY)	CAGO LOCATION (City, town,	or country (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

STEE TO THE

BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	07623
MMOO	CEDINEICAME			0.000

758	6 CERTIFICA	TE OF DI	EATH	Reg. Dist.	No. 26
I. PLACE OF DEATH:		2. USUAL RES	SIDENCE (HOME)	OF DECEASED:	
COUNTY Carvall		CTATE 2	2 6 Desluce	d com	Carrell
	MARYLAND s, write RURAL LENGTH OF ST	AY CITY (If ou	utside corporate lim	its, write RURAL an	
OR and give nearest town	(in this place)	OR /	11/100	-	000
HOSPITAL OR	almit 10 yr	STREET	MITTING	nou	ok !
INSTITUTION OR STREET ADDRESS 1/7	Man C+	ADDRESS	117.5	rural give location)	/
1161	Johlen SI.	/	11001	Jun 81	
3. NAME OF DECEASED: (Type or Print)  (First)  CHAR	LES (Middle)	REED	4. DATE OF DEATH:	(Month) (Day)	(Year) 19 5 5
5. SEX: S. COLOR OR RACE:	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	TE OF BIRTH:	9. AGE last bit	rthday IF UNDER 1 YE Months Da	
10a. USUAL OCCUPATIONGive kin	WEGGINER IV	OR LIL KIRTUPLA	ACE (State or fore	ign country): 112. C	ITIZEN OF WHAT
work done during most of workin even if retlred)	g life, INDUSTRY:	2. 1	CE (State of fore	7 11020	OUNTRY?
13. EATHER'S NAME:	word of cause	M MOTHER'S M	roburn L	WHO COLDEN	4.5.4.
and River		2000	S S S S	-	
15 Was Deceased Ever In U.S. Armed	Pances 21 16 Social Security No.	17 INFORMANT &	MDRESS:	4	
(Yes, no, or unk.) (If Yes, give war or service)	dates of	mis Hon	Shenes	1 of the	este mes
	18. MEDICAL CERTIFIC	ATION	- Jayorrian	14	
I. DISEASES OR CONDITIONS DI	RECTLY LEADING TO DEATH	y Iceluico	on à Mupes	ordial Suforction	Onset And Death
Antecedent causes (s)	DUE TO		/	0	
Diseases or conditions, if any,	(b) artero &	elevaris.			years
giving rise to the above cause stating the underlying cause last	DUE TO				
	(e)				
II. OTHER SIGNIFICANT CONDITI Conditions contributing to the des related to the disease or condition	th but not				
19a. DATE OF OPERATION: 19b.	MAJOR FINDINGS OF OPERATIO	N			20. AUTOPSY ?
					Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, st. OF office bldg., etc.) INJURY	reet, (CITY OR T	OWN)	(COUNTY) (S	FATE)
TIME (Month) (Day) (Year) (OF INJURY	Hour)   INJURY OCCURED   While at Not While   Nork   At Work	HOW DID INJ	URY OCCUR?		
22. I hereby certify that I atte	nded the deceased from les !	1 1955 to	lug 1 2 , 19:	J.J., that I last	saw the deceased
alive on lug, 12, 1953	, and that death occurred at	/- 9 {		and on the date s	tated above.
SIGNATURE Than	(Degree or title)	li	Prelimete	51.	TE SIGNED
REMONAL (Specify)	THEREOF NAME OF CEME	TERY OF CREMATO	RY LOCATION	V (City, town, or cou	inty) (State)
DATE REC'D BY LOCAL REGIS	RAR'S SIGNATURE	243 FUNERAL DI	INECTOR C	, wonther	ADDRESS

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7624

### CERTIFICATE OF DEATH

Reg. Dist. No

0000	deg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	WO.	
COUNTY MARYLAND	STATE COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest OR TOWN Baltimore City 3 V 0 / _	town)
5 INSTITUTION OR SPRING HOLD HOLD HOLD	STREET (If rural give location)	/
OECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day) (Year OF DEATH: 8 195	
5. SEX:  6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify):	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24	Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME: H. Rider	14. MOTHER'S MAIDEN NAME:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: HOSpital Recas Os	
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION INTERVAL BET	TWEEN DEATH
410x Caralia	cry Occhusion home	
IMMEDIATE CAUSE (A)	or y constraint works	
ANTECEDENT CAUSE (8)	Harris + In Is.	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Transis + sususpening about 2	Oyr
(C)		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	phrenia 28 m	7
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION		
The state of the s	20. AUTOP	SYT
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	cory, 21c. WHERE DID (City or town) (County) (State etc. INJURY OCCUR?	e)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		eased
alive on , 19 55, and that death occurred at SIGNATURE	M, from the causes and on the date stated above. ADDRESS DATE SIGNED	
mash om 'm. ). M.	.o. oykesville. hat angust 5-19	53-
BURIAL CREMATION, DATE THEREOF NAME OF CEMETE AUG. 8 1955 LOUDON PA	ERY OR CREMATORY LOCATION (City, town, or county)	State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	AUNIERAL DIRECTOR 14510 Liberty H	ght

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK.

WRITE

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TYPE

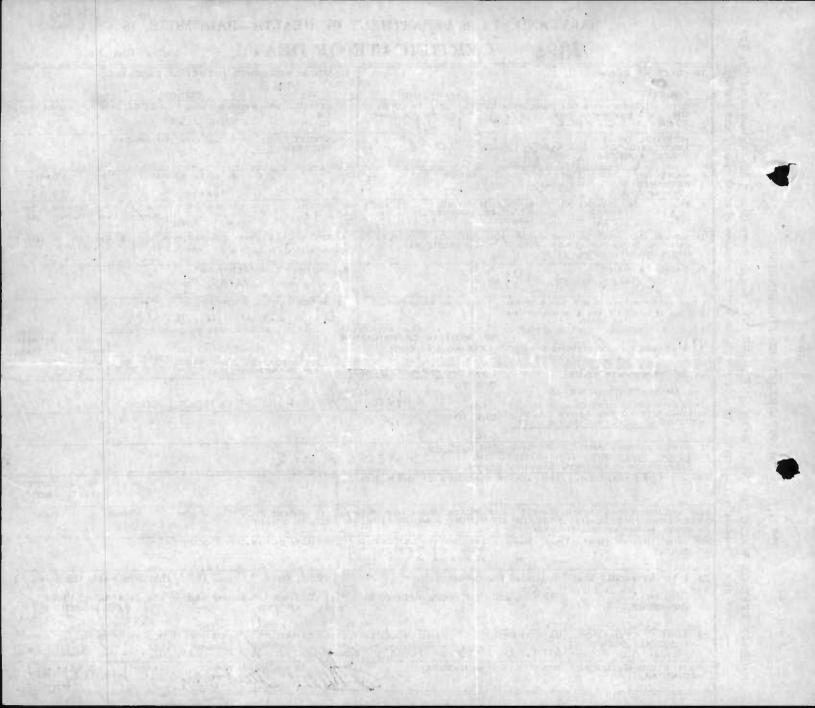
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information carefully.

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VS. A15 — 10 - 53



MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	07625
	~~~	A PORT OF A PORT OF	-			0.000

7625	CERTIFICATE	OF	DEATH
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10%5			Reg. Dist. No.	/6
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME)	OF DECEASED:	0
COUNTY CARRILL	MARYLAND	STATE MILINIA	and COUNTY	cirole
CITY (If outside corporate limits, OR and give nearest town)	write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate ling OR TOWN	nits, write RURAL and give	e nearest town)
HOSPITAL OR	musly 2.m.	VVVVIIIV	f rural give location)	del
INSTITUTION OR STREET ADDRESS MUMM	View Consclorent Ho	ADDRESS 83 W.	Green FT.	/
3. NAME OF DECEASED: (First) W/LL/A/	1 RICHARDS	(Last) 4. DATE OF DEATH:	(Month) (Day)	(Year)
RACE	SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify):	of BIRTH: 9. AGE last b	yrs. If UNOER 1 YEAR 1	F UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION. Give kind work done during most of working even if retired):	of 106. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or fore	eign country): 12. CITIZ COUN	EN OF WHAT
13. FATHER'S NAME:	Printer	14. MOTHER'S MAIDEN NAME:	sat 100	4.
15 WAS DECEASED EVER IN U.S. ARMEO FO (Yes, no, or unk.) (If Yes, give war or d service)	ORCES? 6. SOCIAL SECURITY No.: 17. ates of	INFORMANT & ADDRESS:	ofor water	meterm
	18. MEDICAL CERTIFICATION	ON /		nterval Between
1. DISEASES OR CONDITIONS DIR	,		0	nset And Death
150.0 Immediate cause	DUE TO Teneralized	arterio 8 elevario	· 7	pers!
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause	(b)			
stating the underlying cause last.				
11. OTHER SIGNIFICANT CONDITIO Conditions contributing to the death related to the disease or condition of	but not			
19a. DATE OF OPERATION: 1 19b. A			20	AUTOPSY ?
				Yes No De
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATI	
TIME (Month) (Day) (Year) (H	our)   INJURY OCCURED	HOW DID INJURY OCCUR?		

While at Work Not While At Work 22. I hereby certify that I attended the deceased from ,19 34, to 19. O, that I last saw the deceased

alive on acy P.M., from the causes and on the date stated above.
ADDRESS
DATE SIGNED and that death occurred at //// O. (Degree or title)

LOCATION (Qity, town, or, (State)

BURIAL, CREMATION, REMOVAL (Specify) PATE REC'D BY LOCAL REGISTRAR

NEVO A ST 1962

NOTE OF THE PROPERTY AS STATEMENT OF THE PROPERTY AS STATE

RI 1577. R. Redordfor l. 15 P. 100 Telle

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He sale from Contract Home . During the

E PLAN STANFORS PERMITS MANAGES

President motherful hardend Remodell is Silly

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07627 7626

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	york
COUNTY Carroll MARYLAND	STATE Man COU	NTY
CITY (If outside corporate limits, write RURAL LENGTH OF STA	Y CITY (If outside corporate limits, write RURAL :	
X OR and give nearest town) TOWN Westments (Run (in this place)	TOWN Mes Blewick	.06X-1
HOSPITAL OR INSTITUTION OR	STREET (If rural give location	n)
STREET ADDRESS	ADDINASO	×
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	ny) (Year)
OECEASED: Wary Agres 51	CGMAN DEATH: aug 1	9 19 55
5. SEX: S. COLOR OR 7. SUNCE, ARRIED, 8. DATE WIDOWED DIVORCED. 8. DATE		
F W (Speeny): We	4214-1863 92 yrs. Months I	Days   Hours   Min.
10a. USUAL OCCUPATIONGive kind of 10b. KIND OF BUSINESS ( work done during most of working life, INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Itemsessee 7	a Carnell to Manufand	W.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Henry Rinehant	mandilla Herby	1
15 WAS DECEASED FAR IN U.S. ARMED FORCES   16. SOCIAL SECURITY No.: 1 (Yes, no, or unk.) of Yes, give war or dates of	7. INFORMANT & ADDRESS:	
The service) No	layton Segman Wests	muster 11
18. MEDICAL CERTIFICAT	rion /	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. /	Onset And Death
33/X Cluel	nal Herrowhage	4days
Immediate cause  DUE TO		
Antecedent causes (s) Diseases or conditions, if any,	ann-	1-4,-
giving rise to the above cause stating the underlying cause last, DUE TO		5/
(c) arterns	relemons	July
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	*	20. AUTOPSY ?
AV 4 COLUMN		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, streed of office bldg., etc.)	et, (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED	HOW DID INJURY OCCUR?	
OF   While at Not While INJURY   m. Work   At Work		
22. I hereby certify that I attended the deceased from aug. 1.	5, 1955, to aug 19, 19.55, that I last	t saw the deceased
alive on any 19, 1955, and that death occurred at	4A.M., from the causes and on the date	
SIGNATURE (Degree or title)	ADDRESS D	ATE SIGNED
W. IV. Hoard M.D.	Manchester, Md 8	1/9/53
23. BURIAL, CREMATION, DATE THEREOF NAME OF SEMETI	011 11 - 11 11 000 1	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	124. FUNERAL DIRECTOR Holder W. D. J.	ADDRESS
REGISTRAR 4-14 MIN HAP (human)	Hend Heille OM	Evel Pa
and 17 43 into in a south	1 July Copie Miss	1011



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VS. A15

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7627 CERTIFICATE OF DEATH RE, 18 ()7628
Reg. Dist. No. 74

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CARROLL MARYLAND	STATE Maryland COUNT	Washington
CITY (If outside corporate limits, write RURAL OR and give nearest town)  Town Rural - Sykesville 10 days		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural give location) ADDRESS	1
	none	V
3. NAME OF (First) (Middle) DECEASED: (Type or Print) OTHO JAMES	(Last)  4. DATE (Month) (Day)  OF DEATH: 8	L 19 55
M RACE: WIDOWED, DIVORCED, (Specify): Widowed unknown		78 Hours   Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): unknown	OR   II. BIRTHPLACE (State or foreign country):   12. CC   CC   USA - Maryland	OUNTRY?  USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0021
Otho Smith	Ann —	
15 WAS DECEASED EVER IN U.S.ARMED FORCES ! 16. SOCIAL SECURITY NO.:   I	7. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Record, Springfield State Hospital	
18. MEDICAL CERTIFICAT	rion	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
Immediate cause (a) Cerebral hemor	rhage	8 days
Antecedent causes (s) Diseases or conditions, if any.  Diseases or conditions, if any.	rdiovascular disease	years
giving rise to the above cause stating the underlying cause last. DUE TO		
(c) Chronic nephri	tis. uremia	2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senile brain	Syndrome associated with	unknown
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
A COLDENIA CO. 10 PARTON (TV. A.	(COTTAIN OF MORES) (COTTAIN) (CO	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)		(ALE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.   Work   At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from8/3	19.5, to 8/11, 19.55, that I last s	aw the deceased
alive on	3:45 PM DS From the causes and on the date st	tated above. re signed
23. BURIAL, CLEMATION, DATE THEREOF NAME OF CEMET	Sykesville, Maryland ERY OR CREMATORY   LOCATION (City, town, or coun	8/11/55 nty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 6 em Rogerstonn	MC/ ADDRESS
aug. 12, 1955 C. Harry Effer	FK Golfman Work	alism
		marl

BUREAU V. S.

VNC IE 1955

BECEINED

MARYLAND	STATE	DEPARTMENT	OF	HEALTH.	BALTIMORE	15
MARTINAM	DIALL	DEL ARTHURINA	OI.	III ALLII	DALLINOULL,	11.0

7628 C

## CERTIFICATE OF DEATH

Reg. Dist. No. 23

		,										
I. PLACE OF	I. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:							
county Carroll Maryland					STATE	Marri .	and - I	Mashi	nator	OUNTY		
CITY (If o	utside corporate lir	nits, write	RURAL LENGTH	OF STAY	CITY (I	If outside c	orporate lin	nits, wri	te RURA	L and g	ive neare	st town)
X TOWN Ru	ral - Sykes		2 Y, 1	M, 6 D	TOWN		rstown			21.	03-	-
HOSPITAL	OR ON OR				STREET	s	(	If rural	give loca	tion)		1
/5 STREET A	DDRESS Sprin	gfield	State Hospi	tal		230	Alexand	der S	treet			V
3. NAME OF DECEASED:	(First)		(Middle)		(Last)	4	DATE OF	(Mon	th)	(Day)	(Year)	
(Type or Pri	int) IVI		MYRTLE		RANKLE		DEATH:			4	1955	
5. SEX: Female	s. COLOR OR RACE:	WIDO	LE, MARRIED, WED, DIVORCED, Ify): Divorced	8. DATE 0		9.	AGE last b	yrs.	Months		Hours	Min.
	CCUPATIONGive	kind of	10b. KIND OF BU	SINESS OR	II. BIRTH	PLACE (S	tate or for	relgn cou	ntry):	I2. CITI	ZEN OF NTRY?	WHAT
even if ret	during most of worl	ang me,	Mostry:		Mach	ingto	Count	77 7/6	3	US		
13. FATHER'S					14. MOTHER	S MAIDE	N NAME	y PK	4.0			
	Augus	tus Sp:	rankle			Laura	Sprank	cle				
15 WAS DECEAS	SED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURIT	Y No.: 17.	INFORMANT							
Then b	service)	or dates of	none	Re	cord, Sp	oringfi	ield St	cate 1	Hospi	tal		
11011000	,		18. MEDICAL CE								Interval	Detween
I. DISEASES	OR CONDITIONS	DIRECTL	Y LEADING TO D	EATH							Onset A	
330			Cerebral	thrombo	xis						3 wee	ks
Immedia	te cause	DUE	5)		<b>*************************************</b>							
Antecede	ent causes (s)		Arteri	oselaro	cic						vears	
glving rise	r conditions, if an to the above cau	86		LOBO TOTO	576	*** ***********					Jear	
stating the	underlying cause l	ast. DOE										
II. OTHER SIG	GNIFICANT COND	ITIONS	Chronic	brain s	undrome	associ	ated w	rith			vears	2
Conditions related to t	contributing to the	death but	not g death. Cerebra R FINDINGS OF OF	lamter	incolaro	reie r	rith no	TON	io m		years	
19a. DATE OF	OPERATION:   19	b. MAJOI	R FINDINGS OF OF	ERATION	TOPCTETO	19T9 N	rren ha	Action	111111111111111111111111111111111111111	Bach	O. AUT	OPSY ?
											Yes 🗌	No B
21. ACCIDENT SUICIDE HOMICIDE	(10000113)	PLA OF INJU	CE (Home, farm, fa- office bldg., etc. JRY		(CITY O	R TOWN)		(COUN	TY)	(STA	ľE)	
TIME (Mont OF INJURY	th) (Day) (Year)	(Hour)		While Work	HOW DID	INJURY (	OCCUR ?					
22. I hereby	certify that I at	ttended t	he deceased from		.1955 to	8/10	19	55. t	hat I l	ast sav	v the de	ceased
	A D .		that death occur									
SIGNATU	RE 1	7, and	(Degree or title)	red at O.S.	15AMUS	ADDR	ne causes	and or	w w	DATE	SIGNED	sy.
valta	US J. 10	mi	enselle	M.D	Stern	mar	seld ,	HOLL	000	on He	1	14/5
23. BURIAL, C		TE THER	EOF NAME O	1.0	Y OR CREMA	ATOMY	LOCATIO	N (City	town c	or county	1 (5	ate)
170191	14/2 18	16/	56 BIPO		OFBIA	1/6-	Mucas	11-	1.50	ral	17.20	ma
DATE REC'		GISTRAR'	S SIGNATURE	/ 2	4. FUNERAL	L DIRECT	OR		1	A	DDRESS	
ing. 5,	1955 6	EHA	my we	er	17/1	10011	m ca	1			-	
/							13 1		/		1	1 -1

BUREAU V. S.

AUG 8 1955

DECENTED

# VS. A15A - 5 - 53

7629
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

### MEDICAL EXAMINER'S DEATH CERTIFICATE OF

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Maryland county Allegany
CITY (If outside corporate limits, write RURAL OR and give nearest town)  X TOWN Rural - Sykesville  LENGTH OF STAY (in this place) 17Y 9M 22D	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR WINSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural, give location) ADDRESS 10 N. Lee Street
3. NAME OF (First) (Middie)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) MARY EDITH S	TECMATER DEATH 8 19 19 55
RACE: WIDOWED, DIVORCED,	TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none	Allegany County, Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAMÉ:
Isnatius Stegmaier	Catherine Matt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
Mach. service) - Unch.	Record, Springfield State Hospital
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Hy DUT by Y LO  Antecedent cause(s)  Diseases or conditions, if any.  (b)	CAL CERTIFICATION  O'4  INTERVAL BETWEEN ONSET AND DEATH 2 4 days
giving rise to the above cause DUE TO stating underlying cause last (c) Fractivel of k	ight his 30 days
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  Mental	deficiency 62 years
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  August 55  Mocale fel factor	re of high femmer. Yes No
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldgs, et CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	Co.
OF OF 1NJURY 7 20 55 PM. While at work work work work work work	Patient stumbled over another nationts
find that death resulted from: Natural causes [], Accessionature	ibed above, held an Autopsy , Inspection , Inquiry , and ident , Suicide , Homicide , Undetermined cause , CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  CRY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. Aug. 20, 1955 C. Harry Tiller	24. FUNERAL DIRECTOR ADDRESS ADDRESS . ADDRESS . ADDRESS

BUREAU V. R.

SGGI 03 DNV

BECEINED

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7630

## CERTIFICATE OF DEATH

Reg. Dist. No.

Towandon Bolling

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND	STATE SCOUNTY	
CITY (If outside corporate limits, write RURAL) OR and give nearest town) TOWN  GENERAL  (in this place)	CITY(If outside corporate limits, write RURAL and OR TOWN PUN Salk	give nearest town)
HOSPITAL OR JOHN H. Have Hosp.	ADDRESS 403 Novil Pain	+ Rd. /
	(Last) 4. DATE (Month) (Da	(Year) 1955
BACE. WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE.  OF BIRTH: 9. AGE last birthday Months Day  OF BIRTH: 9. AGE last birthday IF UNDER 1 YE.	AR IF UNDER 24 HRS.
Work done during most of working life, even if retired):	Baltimore Mo. 12. C	TIZEN OF WHAT
13. FATHER'S NAME: C. Miller	Mory We Kenna	
18. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)	HOSpital Records	
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420./	any Ochusion	Judden
ANTECEDENT CAUSE (S)		Death
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	ary Artery Deseave	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
		YES NO X
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-2	8 1937 to 1 - 7 1955 that I last a	any the deceased
alive on, 19 55, and that death occurred at	9 9 M, from the causes and on the date st	cated above.
SIGNATURE	ADDRESS DATE	SIGNED
Yorkrid Somewell H.D. Saringfield State Hoston	ital sykerville lud. 9-7-	1 6 5 97
REMOVAL (SPECIFY)	RY OR CREMATORY LOCATION (City, town, or	county) (State)
18 wreal 8/1/1/55 new ball	secral tom 4300 old Fred	crep oral
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	1 240 FUNERAL PURECTOR	ADDORES . TO

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

VS. A15 -- 10 - 53

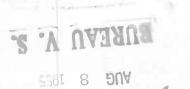
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ARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	7633
7631 CERTIFICATI		1
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Marvland COUNTY	Carroll
CITY (If outside corporate limits write DIDAT I ENOUTH OF CTAY	CITY (If outside corporate limits, write RURAL and g	
OR and give nearest town of the Royal (in this place)  TOWN Rural, Nr. Westminster  Life	TOWN Rural, Nr. Westminster	×
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS Westminster, Md. R. D. 3	Westminster, Md. R. D.	3
3. NAME OF DECEASED: (First) (Middle) (Type or Print) Wilton Wesley	Swenk  4. DATE (Month) (Day) DEATH: 8/5/55	(Year)
RACE: WIDOWED, DIVORCED,	OF BIRTII: 9. AGE last birthday: If UNDER I YEAR 10. 1873 82 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION Give kind of 1 10b KIND OF RUSINESS OF	II. BIRTHPLACE (State or foreign country):  12. CIT	ZEN OF WHAT
work done during most of working life, industry; even if retired Farming, Retired own farm.	Carroll County, Md. U.S.	INTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Swenk	Susan Bachman	ball 1
15 Was Deceased Ever In U.S.Armed Forces? 16. Social Security No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service) None None	informant and Address in Malcolm Stewart Westminster,	Md. R-3
Is. MEDICAL CERTIFICATION IN THE CONTROL OF THE CON	ervi generalisely	Interval Between Onset And Death  3 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		0
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
21. ACCIDENT (Specify)   PLACE (Home farm factory street	· (COTATE) (COTATE)	Yes No B
SUICIDE OF Office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STA	TE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
	19 5% to Okara, 195 that I last sav	w the deceased
alive on 19 5 and that death occurred at (Degree or title)  23. BURIAL CREMATION, DATE THEREOF DAME OF CEMETER	5:45 A.M., from the causes and on the date star ADDRESS  RY OR CREMATORY   LOCATION (City, town, of county	ted above. SIGNED
Burlai 0/8/55 Bachmans val.		DDRESS

Partner.



DECENTED

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () Items 4,9, FilmG185 8-22-55 et	7634
7632 CERTIFICATE OF DEATH Reg. Dist.	No. 14
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND STATE MA COUN	TY Montgomes
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  X TOWN  CITY (If outside corporate limits, write RURAL are formed by the state of the	15 X - 2
HOSPITAL OR STREET ADDRESS Springfield State Hosp STREET ADDRESS 5013 Strathmere	
3. NAME OF DECEASED: (Middle) (Middle) (Cast) (Month) (Day OF DEATH: August 12,	19 55
5. SEX:  S. COLOR OR RACE:  WIDOWED, DIVORCED, (Specify):  (Specif	ys Hours Min.
10a, USUAL OCCUPATION Give kind of 10b, KIND OF BUSINESS OR 111, BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME: Jables 14. MOTHER'S MAIDEN NAME:	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: 700. E Line To (Yes, no, or unk.) (If Yes, give war or dates of service) 5013 Thathouse AVE.	Kensing ton
18. MEDICAL CERTIFICATION	1
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  443X  Cerchval heworrhage	Onset And Death
Antecedent causes (s)  Oue to Hyperteus, Leiderrose, Lisease.	years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (b)  DUE TOC. B. S. of underware or unspecified cause stating the underlying cause last.	lyear
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	year.
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
	Yes No No
BUICIDE Accord. OF office bldg., etc.) Sy Kes on the Carroll	Led .
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR?  OF INJURY OF M. While at Work Work At Work	tall when
22. I hereby certify that I attended the deceased from //- 24, 1955 to 8 -/2, 1955, that I last	saw the deceased
WALLET WIND IN IN (W.), CI COLI	stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or congression)	unty) (State)
Burial Aug. 5 1955 Fort Lincoln Bladensburg Road  DATE RECID BY LOCAL REGISTRARS SIGNATURE REGISTRAR  REGISTRAR  AUG. 5 1955 Fort Lincoln  Burial Bladensburg Road  REGISTRAR  AUG. 5 1955 Fort Lincoln  Bladensburg Road  Registrars  Reg	Adoress
111 July 1 July	Silis.

S 'N DEEAU V. S.

Course of Survey Survey 5

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DECENTED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 7635 7532 CERTIFICATE OF DEATH Reg. Dist. No.

	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	Strayland Casusoll	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest	t town)
OR and give nearest town)  TOWN  (in this place)	OR TOWN Maiston	X
HOSPITAL OR	STREET (If rural give location)	1
OD STATET ADDRESS INCOME Bural	New Undsor quest	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)	
(Type or Print) HARRY NAYLOR JOWN S	HEND DRATHED, 20 195	5
RACE: / WIDOWED, DIVORCED, /	OF BIRTH: 9. AGE last birthay: If UNDER 1 YEAR   IP UNDER 2 Months   Days   Hours	Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR	11. BIRTHFLACE (State or foreign country): 12. CITIZEN OF	WHAT
work done during most of working life, INDUSTRY:	COUNTRY?	0
A3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
(41),00, 2/7	I lie Maylor	
15 Was Deceased Ever In U.S.Armed Forces? 16. Social Security No.: 17.	INFORMANT & ADDRESS:	1
(Yes, no, or unk.) (If Yes, give war or dates of service)	bether Townsheed New Yolen land	held
18. MEDICAL CERTIFICATION	ON	Retween
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Conset App	
Immediate cause (a)	ary Moniposes 4 %	25
DUE TO	. 01	
Antecedent causes (s) Diseases or conditions, if any, (b)	y R Cleroses - Theumatic	
giving rise to the above cause stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTO	PSY ?
	Yes 🗆 1	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) 1NJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
1NJURY m. Work At Work	10 00 - 0 - 2 4 - 10 (8' 11 - 17) - 1 - 10 - 10 - 10	
22. I hereby certify that I attended the deceased from (www.).	1955, to Cura 30, 1955, that I last saw the dec	
alive on 21, 19 13, and that death occurred at		e.
O.M. (egg wid)	Unión (Susta 8-31-5	5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (Sta	10
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR ADDRESS	
July 3 - Mich Sa Jumpile,	S. Maryan Sous	
	Hew Windson, Md.	

VS. A15

BECEINE

BUREAU V. S.